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SOIL POLLUTION

AS CAUSE OF

Ground-Itch, Hookworm Disease (Ground-Itch Anemia), and Dirt Eating.

By CH. WARDELL STILES, Ph.D., U. S. Public Health and Marine-Hospital Service:

A CIRCULAR FOR USE IN SCHOOLS
ISSUED BY

The Rockefeller Sanitary Commission
FOR THE
Eradication of Hookworm Disease.

WASHINGTON, D. C.

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Notice to Pupils: Take this circular home and read it to your parents.

Notice to the Public: Copies of this circular can be obtained free upon application to The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, 811 Union Trust Building, Washington, D. C.

Notice to the Scientific and Medical Professions: The illustrations used in this circular are taken from a U. S. Government publication, now in manuscript, in which full professional details regarding the same are given.

TO SCHOOL TEACHERS

If an epidemic disease, such as yellow fever, cholera, or bubonic plague, is introduced into a neighborhood, great public excitement results. The epidemic is something unusual, and it becomes the topic of general discussion. Because of the unusual disease, and the exceptional number of deaths in a comparatively short time, the community is frequently led to adopt measures that are not only unscientific and unnecessary, but they are in some cases inhumane, and they not infrequently cause, to the city or State, losses in trade, money, and property. While the epidemic is still fresh in the memory of families whose homes have been invaded by it, there is considerable watchfulness against a possible return of the dread disease. As time goes on, the memory of the excitement, anxiety, and distress diminishes, and too often a self-satisfaction and false sense of security lead the people to be contented with conditions which would not be tolerated immediately following the epidemic.

Has it ever occurred to you that the great loss of human life in this country is at present due, not to extensive epidemics, but to preventable diseases that are constantly with us? And not only to preventable diseases, but to easily preventable diseases? For instance, has it ever occurred to you that in our country more people die in one year from tuberculosis (consumption) than have died in 114 years from yellow fever? Has it ever occurred to you that thousands of lives are needlessly sacrificed in this country every year simply because the general public is either ignorant of certain elementary principles of public hygiene or careless about these principles? Think of the fact that over 35,000 Americans die every year from typhoid fever—a preventable disease due to carelessness and filth!

It is you upon whom the country depends for training the young. The mind of the adult is largely dependent upon the training during childhood. If the child is taught that certain habits will result in sickness, and even in death, he will carry that lesson into his adult life, and when he has a voice in the government of the city or the State he will recall that lesson and insist upon laws which will stop certain objectionable customs to which, because of a lack of appreciation of the danger involved, the average adult of today too frequently does not give a second thought.

Will you as school teachers join in a movement to reduce the unnecessarily high death-rate among innocent thousands—a death-rate due in some cases to ignorance, in other cases to carelessness?

In considering this proposition, your attention is invited, not only to the importance of the subject, but also to the fact that it involves work. Short-lived enthusiasm will accomplish only short-lived good. The undertaking calls for earnest, continued, serious work, year after year. The reward for that work is not an increase in pay, but a knowledge of the important fact that YOU WILL SAVE HUMAN LIFE. You will save human life just as surely as does the man who plunges into a stream to rescue a drowning child.

Some of the teaching will involve a discussion of subjects not ordinarily mentioned in the school-room containing both boys and girls. But human life is at stake, and in preparing this circular we must state facts in plain English; there is no escape from this method. When delicate and unusual subjects are discussed, it is suggested that you divide the classes, boys in one class and girls in another. This can easily be done in schools with more than one teacher. If the facts stated are of such a nature that a woman feels a hesitancy in teaching them to boys, or a man feels a hesitancy in teaching them to girls, it would be well to call upon your local physicians, clergymen, or trained nurses to help you. You will have little or no difficulty in obtaining aid from your local physicians. That the clergymen in your neighborhood will aid you when requested is also a self-understood fact. Doubtless the trained nurses will be glad to help you in this work with the girls.

SOIL POLLUTION AS CAUSE OF GROUND-ITCH, HOOKWORM DISEASE (GROUND-ITCH ANEMIA), AND DIRT-EATING.

All children should learn these four rules for preventing disease, namely:

Rule 1. Do not spit on the floor, for to do so may spread disease. Both "consumption" and diphtheria are spread in this way.

Rule 2. Protect against mosquitoes. Mosquitoes spread malaria ("chills and fever," or "ague"), yellow fever, dengue fever (also known as "break-bone fever"), and elephant foot.¹

Rule 3. Do not pollute the soil. Hookworm disease is spread only by soil pollution. Typhoid, dysentery, and other intestinal diseases are usually spread by soil pollution.

Rule 4. Protect against flies. These carry filth and germs to the food, and thus spread typhoid fever. They may spread other diseases, also, such as consumption, inflammation of the eyes, etc. Flies are filthy creatures and should be kept out of the house.

There are many other important points in protecting against disease, but these four rules are of greatest importance, especially for the Southern States.

Question 1. What is "soil pollution"?

"Soil pollution" is the act of defiling the soil or rendering it unclean; it also refers to the condition of the soil caused by defiling it. The word "pollution" means about the same as the words "defilement," "uncleanness," and "impurity." Polluted soil, therefore, is soil or ground which has been defiled, or made impure or unclean, or contaminated.

Usually, when we speak of "soil pollution," we mean that the ground has been made unclean by placing upon it decaying or rotting material or germs which cause disease.

Question 2. What are the common methods of polluting the soil?

Suppose that a person has consumption, and that, instead of spitting into a cuspidor or spittoon, he spits on the ground; his spit or expectoration contains little germs, which are so small that they

¹ Elephant foot or elephantiasis is a disease in which the foot or leg swells up so as to be much larger than it should be; it is found in warm (or tropical) climates.

cannot be seen by the naked eye. These little germs are scattered on the ground, and, of course, they render the soil impure, and are likely to spread consumption to healthy people. It is chiefly because of this danger of spreading consumption that we see so many signs with the words "Do not spit on the floor."

Or, suppose that a person has some disease of the kidneys or of the bladder, and that, instead of passing his water into a privy, he passes it onto the ground or into a brook; he pollutes or contaminates the ground or brook with the germs which cause his disease, and thus he may spread his sickness to other people.

Or, suppose that a person has disease germs in his bowels, and that, instead of going to a privy or a water-closet, he goes into a field or the woods and stools there; he pollutes the soil, and may thus spread his sickness to other people.

In today's lesson we are to study this last method of soil pollution.

Question 3. Does the Bible warn against soil pollution?

Yes; see Deuteronomy xxiii: 12 and 13:

"12. Thou shalt have a place also without the camp, whither thou shalt go forth abroad;

"13. And thou shalt have a paddle upon thy weapon; and it shall be, when thou wilt ease thyself abroad, thou shalt dig therewith, and shalt turn back and cover that which cometh from thee."

Question 4. What is hookworm disease?

Many people, especially in warm climates, have in their bowels a small worm (see figs. 1, 2) about half an inch long and about as thick as a small hair-pin. If a person has many of these worms he becomes weak and sick, and his sickness is called "hookworm disease."

Figure 1. A male hookworm (3), natural size. For enlarged picture see fig. 9.

Figure 2. A female hookworm (\mathfrak{P}), natural size. For enlarged picture see fig. 10.

Question 5. How is hookworm disease spread?

A person who has hookworm disease spreads it by polluting the soil. The worms cannot multiply in the bowels, but they lay hundreds of minute eggs (see fig. 3), and, when the person stools, these eggs are passed in the discharges.

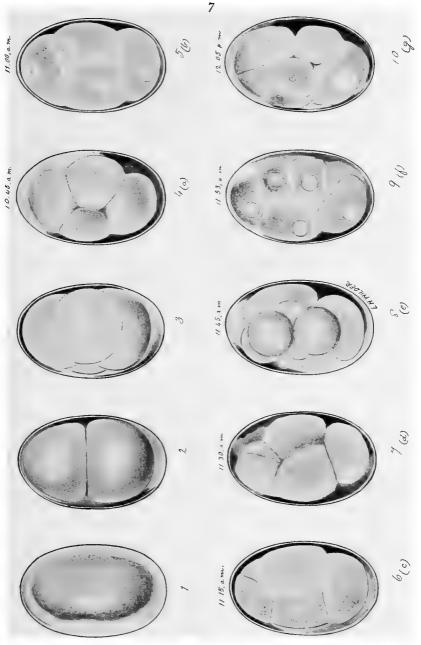


Figure 3. A hookworm egg in process of development. At first this egg contains only I cell (see I), which later divides into 2 cells (2), each of which divides, thus forming 4 cells (3, 4, 5); these cells keep on dividing until, sometimes by the end of 8 hours, a young worm (see fig. 4) is formed.



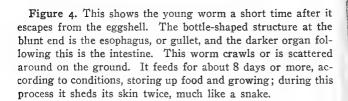


Figure 5. This represents the worm after it has shed its skin the second time; the worm remains encysted, as shown, in this skin; it now no longer takes food until it enters man. It may live just so long (5 months, more or less) as it can live on the food which it has already eaten. If it becomes completely dried, it dies; therefore it cannot be blown around in the air as dust; prolonged solid freezing kills it. When partially dry, it is quiet, but it is very active when wet, as in dew. It can wriggle up a surface which is moist. This young worm may be swallowed, but more generally it enters through the skin. (See fig. 6.)

Question 6. What happens to the eggs?

In about a day, if the weather is warm, a very tiny worm (see fig. 4) hatches out of each one of these eggs; this worm feeds for about a week; then it stops feeding and waits (fig. 5) for a chance to enter some person. It is very active when moist, but very quiet when dry; if it becomes completely dry it dies.

Question 7. How does this worm enter people?

The young worm enters the body in two ways:

a. If there is a heavy dew, or if it rains, or if the worm is living in a moist, shady place, the young worm is very active; when a



Figure 6. This shows a slice of skin as seen under the microscope. Notice how the young hookworms are crawling through the skin. This is the way "ground-itch" or "dew-itch" looks. (Next see fig. 7.)

person walks barefooted over the ground which is polluted by the presence of this young worm, the hookworm crawls into the skin (see fig. 6). Or,

b. The young worms may be swallowed, either in drinking water or with some salad or other food upon which they have crawled.

Question 8. If the worm enters the skin, what does it cause?

When this young worm enters the skin it causes "ground-itch," also known as "toe-itch," "foot-itch," "cow-itch," "dew-itch," or "dew-poison." Thus "ground-itch" results from soil pollution, and is the beginning of hookworm disease. On this account hookworm disease may be called "ground-itch anemia," which means that a person is pale and has pale, watery blood, caused by the hookworms which entered his skin.

Question 9. How many of this class have had "ground-itch"? Question 10. Describe "ground-itch."

"Ground-itch" is a disease of the skin caused by coming into contact with moist, polluted soil. It usually occurs on the feet, on which account it is sometimes called "foot-itch," or "toe-itch." It is very likely to occur when there is a heavy dew on the ground, and on this account it is frequently called "dew-itch," or "dew poison." It is not caused by the dew, but by tiny worms, which are very active when moist, as when there is a heavy dew. These tiny worms enter the skin and cause a small swelling; this swelling may form into an irregular line resembling a vine. The foot itches and this itching makes a person scratch his toes and feet.

Question 11. Of what disease is ground-itch the beginning?

Ground-itch is usually the beginning of hookworm disease. If a boy has only a slight attack of ground-itch he may not be very sick, but if he has frequent and severe attacks of ground-itch he may grow pale and weak, and may become quite sick.

Question 12. How can ground-itch be prevented?

Ground-itch can be prevented by preventing soil pollution from the discharge from the bowels. Good privies should be built; people should be taught about the danger of soil pollution and the sickness due to it; they should be taught that they must stool in privies instead of on the ground; and they should be taught to clean the privies.

Ground-itch can usually be prevented by wearing shoes, but the most important thing is to prevent soil pollution.

- Question 13. In what part of the world does ground-itch occur?

 Ground-itch occurs in warm climates. Thus, in the United States, it is common south of the Potomac River.
- Question 14. At what age is ground-itch most common? Ground-itch is more common in children than in adults.
- Question 15. Why is ground-itch more common in children?

 Because children go barefooted more than adults.
- Question 16. Does ground-itch occur in all parts of the South?

 Ground-itch is more common in the country districts than in the cities, and it is more common in sandy districts than in clay districts.

Question 17. Is ground-itch the early stage of any disease other than hookworm disease?

Perhaps some cases of ground-itch develop into a peculiar disease known as Cochin-China diarrhea.

Some cases of ground-itch appear not to be followed by either hookworm disease or by Cochin-China diarrhea; these cases are not yet understood.

Question 18. Why is ground-itch more common in the country districts, as on farms, than in the cities?

Ground-itch is more common in the country districts than in the cities because there is less care taken in the country to prevent soil pollution than there is in the cities. In large cities the city government places long pipes under the ground; from these large pipes smaller pipes run into the houses, and water-closets are built in the houses and connected with these smaller pipes. All of these pipes together form what is called the "sewer system," and the discharges from the body are carried far away from the houses, so that the ground around the houses is not polluted. In smaller cities and towns the houses have privies in the back yards, and, when these privies are properly built, and cleaned regularly every week, as they should be, the soil does not become polluted. But on the farms and in the very small towns people are not so careful to prevent soil pollution, so that ground-itch is more common. Only about 60 per cent (or 6 out of 10) of 581 farm-houses, recently examined in 5 Southern States, had privies; on account of this lack of privies, ground-itch is very common on the farm.

Question 19. Why are there so few privies on the farms?

Because it has only recently been discovered that ground-itch is the beginning of hookworm disease, and that this disease is common

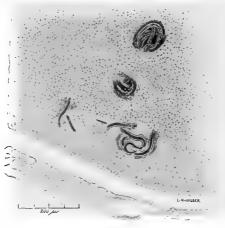


Figure 7. This shows some young hookworms in an organ of the armpit (axillary gland). (Next see fig 8.)

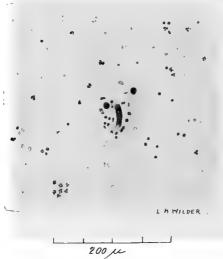


Figure 8. This shows a young hookworm in the blood in the heart. (Next see fig. 11.)

in our country, and when our fathers and mothers went to school they were not taught how dangerous it is to pollute the soil.

Question 20. How does ground-itch turn into hookworm disease?

The young worms crawl from the skin into the blood (figs. 7 to II), and from the blood they finally reach the bowels (fig. 18); they form a poison which injures the body, and they suck the blood. In this way they make people weak and sick.

Question 21. How does a person look when he has hookworm disease?

A person with hookworm disease may have very dry hair and dry, tallow-like skin; he is pale; often he has sores or ulcers on his shins; his abdomen (belly) or his legs may be swollen. When children have the disease they are likely to be stunted in their growth.

Question 22. How does a person feel when he has hookworm disease?

A person with hookworm disease usually says he has headaches, dizziness, buzzing in the ears, palpitation of the heart, and soreness in the pit of the stomach when you press on it; he may be very weak, and not able to work hard, walk far, or study much; he gets tired easily; sometimes he complains that it is hard for him to breathe; usually he does not sweat much.

Question 23. Does hookworm disease make it harder to study?

Yes. Although some pupils with hookworm disease are able to learn their lessons and to stand well in school, many others are too sick to study, and they fail in their examinations and become "repeaters." ¹

Question 24. Can hookworm disease be cured?

Yes. There are only a few diseases which can be cured so easily as hookworm disease.

Question 25. If a person has had ground-itch and is pale, what should he do?

He should ask his father or mother to take him to the family doctor (physician), and should ask the doctor whether he has hookworms.

A "repeater" is a pupil who spends more than one year in a grade; he "repeats" his work for the year.



Figure 9. A male hookworm (known as the American Murderer—becaus a microscope. See how its head is turned backward



Figure 10. A female hookworm, very much magnified. See how its head is to



ny people), very much magnified under an instrument known as ail is broadened into an umbrella-like organ.



and how its body is filled with organs containing hundreds of eggs.

Question 26. Can a doctor tell whether a person has hookworms simply by looking at him?

Yes, in case the person has a great many hookworms and is clearly sick from the disease. If the person is not sick enough so that the

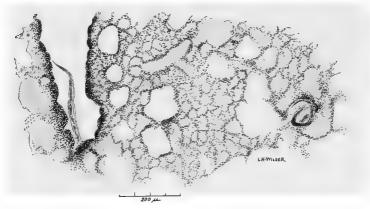


Figure 11. This shows two young hookworms in the lungs. The worm on the left is entering the air tubes. (Next see fig. 12.)

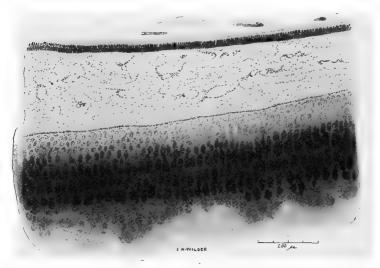


Figure 12. We now find young hookworms (see the three spots on the top of the picture) wandering up the windpipe (trachea). (Next see fig. 13.)

doctor can be sure whether the patient has hookworms, it is necessary to give to the doctor a specimen (about half an ounce) of the fresh passage from the bowels; this is sent by the doctor to the State Board of Health or to the State laboratory, where it is examined to see whether it contains hookworm eggs (fig. 3). If these eggs are found, the person should be treated for hookworms.

Question 27. Can these eggs be seen by the naked eye?

No; they are too small to be seen by the naked eye. But when the specimen is looked at under a strong magnifying glass (called a microscope, because it aids us to see small things) the doctors can see the eggs.

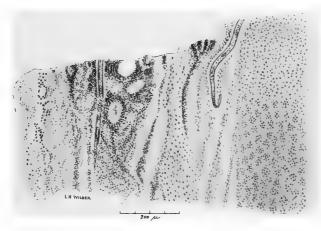


Figure 13. Here we see two young hookworms in the larynx (Adam's apple). The worms pass to the intestine (bowels) and again take food and grow, shedding their skin two more times.

Question 28. What is the State Board of Health?

This is a committee of doctors paid by the State to prevent the spread of disease.

Question 29. Is it necessary to pay for having the specimen examined by the State Board of Health?

No; the examination is made free of charge. All you have to do is to give the specimen to your family doctor (physician) and ask him to have the examination made. He may, however, ask you to furnish a "mailing case" (which will cost about 15 to 25 cents) in which to send it, and he may ask you to pay the postage.

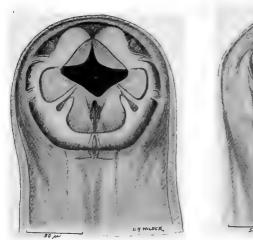




Figure 14. Head of a hookworm, greatly magnified with a microscope. We are looking directly into the mouth and see (above) the two jaws, and in the middle of the picture we see a hollow tooth, somewhat similar to the poison-fang of a snake.

Figure 15. This is the same head as shown in figure 14, but at a deeper level. The two jaws are seen above and the fang-like tooth in the middle.

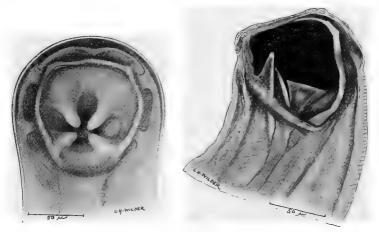


Figure 16. This figure shows the entrance into the esophagus or gullet, which is guarded by four cutting blades.

Figure 17. A side view of the head, greatly magnified and showing the mouth cavity (the very black portion), into which extend the prominent fang-like tooth and the sharp lancets.

Question 30. Can you make a mailing case at home?

It is best not to try to do so, as the Post Office laws are very strict. Either buy a mailing case or write to the State Board of Health to send you one.

Ouestion 31. What should be sent with the specimen?

Care must be taken to write on a paper the name, age, sex, and race (white or negro) of the person from whom the specimen comes, and also the name and address of the family physician, and to send this paper (but no other writing) in the mailing case.



Figure 18. This shows the head of a hookworm as the parasite is feeding, attached to the wall of the bowels.

Question 32. If a person has hookworms, should he try to doctor himself?

NO. He should be doctored by his family physician, as the size of the dose of medicine depends upon the patient's age and condition, and especially upon the condition of his heart.

Question 33. Is it a good plan to take "patent" or secret medicines for hookworms?

NO. Much harm may be done by taking secret and "patent" medicines, especially those advertised as "sure cures." It is always best to go to the family physician, who can study the patient and can decide what medicine and how much of it should be used.

Question 34. Suppose the family physician laughs when asked if you have hookworm disease, and tells you that there is no such sickness?

No doctor who is fit to be our family physician will do that. If any doctor does do that, it is time for us to select another.



Figure 19. Side view of the umbrella-like expansion of the tail of the male hookworm, supported by muscular rays, similar to the ribs of an umbrella. The first worm ever described as belonging to the hookworm group happened to have these rays bent like hooks, and they were first thought to be hooks. This is the origin of the name "hookworm."

Question 35. For what is hookworm disease frequently mistaken?

For malaria. Many cases called "pernicious or chronic malaria" are in reality cases of hookworm disease.

Question 36. If hookworm disease remains untreated, what may result?

A person with severe hookworm disease may become a "dirteater" in case he is not treated. Many persons die as a result of the infection. Some persons remain weak and sickly for years without knowing the cause; their strength (vitality) is reduced and if they are taken sick from some other disease, such as consumption or pneumonia, they are more liable to die than if they were not weakened by the hookworms. Some persons do not suffer any, but they may spread the disease to other people; such persons are called "carriers."

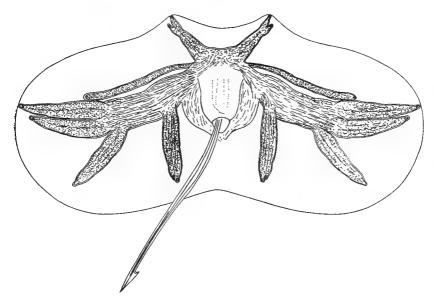


Figure 20. View of the umbrella-like expansion, spread out flat and showing the arrangement of the "rays."

Question 37. Does a person ever outgrow hookworm disease?

Yes. The worms may live certainly for six and a half years and probably for ten or twelve years. If no new infection occurs, the patient will gradually improve in condition as the worms die.

Question 38. How common is hookworm disease?

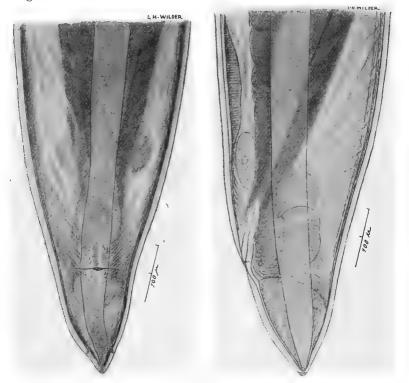
Its frequency varies in different places. In some schools five to nine pupils out of every ten have the worms. In the cotton mills probably one person out of every four is infected.

Question 39. Is the paleness of the cotton-mill people due to hookworms?

Yes, as a rule.

Question 40. What is a dirt-eater?

. A dirt-eater is a person who has an unnatural appetite, and on this account eats clay, sand, plaster, soot, wood, cloth, or other things not intended for food.



Figures 21 and 22. Ventral view (fig. 21) and side view (fig. 22) of the tail of a female hookworm.

Question 41. Is dirt-eating the cause of hookworm disease? It is the result of the disease, not the cause.

Question 42. Can dirt-eating be cured?

Yes, very easily; by curing hookworm disease.

Question 43. Can dirt-eating be prevented?

Yes, very easily; by preventing soil pollution and thus preventing ground-itch and hookworm disease.

Question 44. How can hookworm disease be prevented?

By building good privies and keeping them clean. Not only should every house have a good privy or closet, but churches and schools also should be provided with them.



Figure 23. This is an extremely poor privy, from which soil pollution is being spread by chickens and swine. This is an altogether too frequent sight on our farms. Flies can breed in the filth and carry it, with disease germs, to the food. No farm with a privy of this kind should be permitted to sell milk.

Question 45. Is there a privy in your yard?

Question 46. Is there a privy at your school?

Question 47. Is there a privy at your church?

Question 48. How should a privy be built?

There should be a pail, or a barrel, or a tub, or a water-tight box under the seat (fig. 25), and the privy should be closed in back so that chickens, hogs, and dogs cannot reach the discharges.



Figure 24. This is the usual style of privy found on farms and in villages. Soil pollution is spreading. Flies breed here and spread disease. Not only can hookworms spread from such a privy, but typhoid fever and other diseases may spread from it. No farm with a privy of this kind should be permitted to sell milk.

Question 49. How can flies be kept away from the tub?

By pouring some fluid known as disinfectant¹ into the tub. Or



Figure 25. This shows a sanitary privy, designed to prevent the spread of disease. If a privy of this type were built on every farm and in every yard in villages, and if this privy were used by all persons, typhoid fever, hookworm disease, and various other maladies would almost or entirely disappear.

¹ For parents: Such as I part of compound solution of cresol (U. S. P.) to 19 parts of water; ordinary sheep dip also may be used.

some water may be placed in the tub and a cupful of crude oil² may be poured on the water.

Question 50. Why is it dangerous for flies to visit privies?

Because flies may go from the privy to the house and carry filth and the germs of disease to the sugar, butter, bread, meat, and other food.

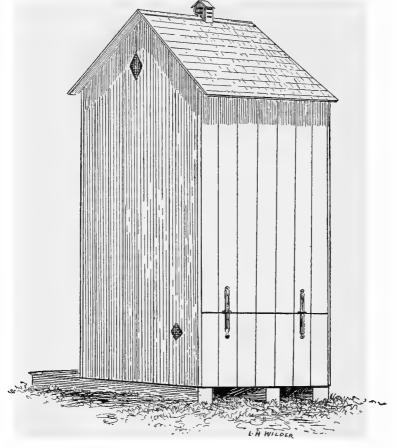


Figure 26. A sanitary privy very similar to that shown in figure 25.

Let every school boy whose home is not supplied with a water-closet see that his house has a sanitary privy.

² For parents: Kerosene oil will answer the purpose.

Question 51. Is it dangerous to use the human discharges for fertilizer?

It is very dangerous to health to take fresh human discharges from a privy and use the material as fertilizer. Such material is very liable to spread disease. This is especially the case in warm climates.

Some villages have "septic tanks" in which the discharges are kept for a number of hours and allowed to ferment and to become fluid. But even then they may contain disease germs, and it is best not to use them as fertilizer or carelessly dispose of them unless they are disinfected. If discharges from such tanks are used as fertilizer, it is best not to put them on fields used for growing vegetables which are not cooked before being eaten—as celery, etc.

Question 52. How often ought a privy to be cleaned?

Once or twice a week, as a rule. Then a fresh layer of sand or dirt should be put into the pail, box, or tub.

Question 53. What should be done with the discharges?

They should be buried not less than two feet deep, down hill from and certainly not nearer than 300 feet to any well or spring. Or they should be burned. Or they should be put into a pit, protected against flies, and here permitted to ferment.

Question 54. Is it safe to throw the discharges on the manure pile?

No; that is very, very dangerous, because of the danger of spreading disease to people (especially by flies, which breed in the manure) as well as to cattle and hogs.

Question 55. What disease may be spread to cattle and hogs from human discharges?

If a person has certain tapeworms, and cattle or hogs eat the discharges from that person, these animals contract diseases known as "beef measles" and "hog measles." If the meat of such animals as eaten people catch tapeworms.

THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE

FIRST ANNUAL REPORT OF THE SCIENTIFIC SECRETARY
FOR THE YEAR ENDING JANUARY 25, 1911

OFFICES OF THE COMMISSION WASHINGTON, D. C.

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WASHINGTON, D. C.
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1911

FIRST ANNUAL REPORT OF THE SCIENTIFIC SECRETARY

OF THE

ROCKEFELLER SANITARY COMMISSION

FOR THE

YEAR ENDING JANUARY 25, 1911.

Herewith I have the honor to submit a general report covering the time from the date of the organization of the Commission to January 25, 1911.

In my work this past year, Surgeon-General Wyman has supported me in every way that he could possibly do so legally. I have in fact continued the same work that I have been doing for eight years past, but more intensively, due to combining the advantages of Scientific Secretary to this Commission and Professor of Zoology of the Public Health and Marine Hospital Service.

Addresses and clinics.—Since the organization of the Commission I have attended a number of medical meetings in different States, and have taken advantage of these trips to give addresses before various non-medical, especially educational, organizations. In all I have given 122 addresses and clinics. The traveling expenses involved in 87 of these have been paid by the Commission. The distribution of the addresses by States and organizations is seen from the following table:

THE ROCKEFELLER SANITARY COMMISSION	THE	ROCKEFELLER	SANITARY	COMMISSION	FOR
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l	Total for State.	21 82 1 2 3 6 6 2 7 1 2 8 1 1 8 8 4 1 1 8 8 8 8 8 8 8 8 8 8 8 8	122
Other meetings.	Miscellancous.	H3	4
	Clubs.	H	4
	National or interstate welfare associations.	H (f) (g)	4
	Public audiences.	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21
ŝ	Other schools.	2 1 2	3
eting	Normal schools.	3 3 3 1 1 (3)	9
scientific meetings.	Colleges and univer- sities.	(H) + C (H) +	7
scient	Teachers' clubs.	£ +	н
al or s	District teachers' as- sociations.	ан	33
Educational or	State teachers' asso- ciations.	H	н
	Mational or interstate associations.	H	4
meet-	Medical or nurses' schools.	(5) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	22
Medical and public health meet- ings, professional.	County or local asso- ciations.	1	20
al and public healt ings, professional.	District associations.	9	6
al and ings, p	State associations.	(i) H (i) (c) H (d) 1/2	15
Medic	National or interstate associations.	(a) (b) (d) (d)	S
	Addresses before-		:
		Massachusetts Connecticut. New York New Jersey New Jersey Pennsylvania Maryland District of Columbia. Virginia North Carolina South Carolina Georgia. Florida Alabama. Mississippi. Tennessee Arkansas Arkansas Missouri Ohio Total R. C. Total athers	Grand total

Lantern slides.—Lantern slides illustrating the anatomy and life history of hookworms, the insanitary conditions under which the disease spreads, the appearance of hookworm patients, the geographic distribution of the disease, etc., have been prepared. Nine hundred and sixty-eight such slides have been distributed to various State boards of health, and several sets of nearly 60 slides each are kept in stock to loan to medical societies, universities, clubs, teachers' associations, etc.

Microscopic diagnosis.—Before the various State laboratories were equipped for the microscopic diagnosis of hookworm disease, it was necessary for me to make a large number of microscopic examinations for practicing physicians. At present, however, the State facilities for carrying on the work have so increased that I am being gradually relieved of this routine. As a general proposition it seems much better that the State boards should do this work, but I am always at their service in time of emergency.

Correspondence.—The fact that the forces of the State boards of health have been increased has naturally resulted in a gradual decrease in my routine correspondence. This last year, however, the correspondence with physicians has been rather extensive.

Inspections.—During the early years of the hookworm work in this country, it was necessary for me to make inspections of schools, etc., in order to determine the geographic distribution and frequency of hookworm suspects. At present, however, it seems that this work can, at least for the most part, best be left to the State boards of health.

Publications.—Since the organization of the Commission, the following articles on hookworm disease by the Scientific Secretary have been published, and several more are now in press or in manuscript:

STILES, C. W.:

1909n. Hookworm disease in its relation to the negro. [Reprint of Pub. Health Rep., U. S. Pub. Health and Mar.-

Hosp. Serv., Wash., v. 24(31), July 30, pp. 1083-1089.] < Indianapolis M. J., v. 12(11), Nov., pp. 482-486.

19090. Idem < Med. Brief, St. Louis (443), v. 37(11), Nov., pp. 647-652.

1909p. Idem < Hering Quart., Batavia, Ill., v. 2(3), Nov., pp. 60-65.

(1909t). The treatment of hookworm disease. [Editorial.] <Indianapolis M. J., v. 12(11), Nov., pp. 477-478. 1909v. Idem. [Reprint of Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 24(34), Aug. 20, pp. 1191-1193.] <Ætna Life News, Hartford, Conn. (113), Nov., pp. 5-7; editorial, p. 4.

1909dd. Faulty disposal of excreta the chief factor in the spread of ankylostomiasis and typhoid. [Abstract of Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 24(40), Oct. 1, pp. 1445-1447.] < J. Trop. M.

and Hyg., Lond., v. 12(22), Nov. 15, p. 347.

1910. Biology of the hookworm. [Secretary's abstract of remarks before South. Health Confer., Atlanta, Jan. 18-19.] < Med. Rec., N. Y. (2050), v. 77(8), Feb. 19, p. 338.

1910. History and zoölogical aspects of hookworm disease. [Read before 1 South. Health Confer., Atlanta, Ga., Jan. 18-19.] < J. Am. M. Asso., Chicago, v. 54(5), Jan. 29, pp. 391-392.

1910. Idem. [Secretary's abstract of remarks before South. Health Confer., Atlanta, Jan. 18-19.] <N. York M. J. [etc.] (1628), v. 91(7), Feb. 12, p. 356.

1910. Idem. [Idem.] < Med. Rec., N. Y. (2050), v. 77(8), Feb. 19, p. 336.

1910. Soil pollution as cause of ground-itch, hookworm disease (ground-itch anemia), and dirt-eating. <Publication No. 1, Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, Wash., pp. 1-27, figs. 1-26.

1910. Idem. [Reprinted by North Carolina State Board of Education.] < Pub. Health Bull. for Pub. Schools, Raleigh, pp. 1-27, figs. 1-26.

1910. Frequency of hookworm disease or ground-itch anemia among public-school children in southern Florida. < Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 25(12), Mar. 25, pp. 351-354.

1910. Idem. [Editorial abstract of Pub. Health Rep., U. S. Pub. Health and Mar. Hosp. Serv., Wash., v. 25(12), Mar. 25, pp. 351-354.] < Med. Rec., N. Y., (2058), v. 77(16), Apr. 16, p. 672.

1910. Further observations on soil pollution in the Southern States < Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 25(11), Mar. 18, pp. 328-329.

.1910. Hookworm disease in three cotton mills in North Carolina < Ibidem, v. 25(12), Mar. 25, pp. 354-355.

1910. The "Reader" as a possible public-health agency in cigar factories <Ibidem, v. 25(12), Mar. 25, pp. 355-356.

1910. Results of microscopic examination for hookworm disease in a public school in Richmond Co., Va. <Ibidem,

v. 25(16), Apr. 22, pp. 505-506.

1910. The sanitary privy < Ibidem, v. 25(17), Apr. 29, pp. 549-552, figs. 1-4.

1910. Hookworm disease (or ground-itch anemia); its nature, treatment, and prevention < Pub. Health Bull. No. 32, U. S. Pub. Health and Mar.-Hosp. Serv., Wash., pp. 1-40, figs. 1-29.

1910. The sanitary privy; its purpose and construction <Ibidem, No. 37, pp. 1-24, figs. 1-12.

1910. Idem. [Reprint.] <Quart. Bull. La. St. Board of Health, New Orleans, Nov. 15, v. 1(4), pp. 8-15, figs. 1-12. 1910. Hookworm disease. [Read before the 34th Ann. Sess. Ark. Med. Soc.] <J. Ark. Med. Soc., v. 7(5), Oct., pp. 127-129.

1910. Address on hookworm disease or uncinariasis. [Read before the State Med. Ass. of Texas, May 12.] < Tex. St. J. of Med., Ft. Worth, v. 6(7), Nov., pp. 160-

161.

1910. Discovery, distribution, and consequences of hookworm disease. [Read before symposium on hookworm dis-

ease, Ann. Meet. Tenn. St. Med. Ass.] < J. Tenn. St. Med. Ass., Nashville, v. 3(2), June, pp. 35-36.

1910. Some recent investigations into the prevalence of hookworm disease among children < Proc. Child Confer. for Research and Welfare, Worcester, Mass. (June 28-July 2), v. 2, pp. 211-215.

STILES, C. W., and GARDNER, C. H.:

1910. The practical workings of the "surface privy" and the "lime system" < Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 25(27), July 8, pp. 947-950.

1910. Further observations on the disposal of excreta (second paper) < Ibidem, v. 25(33), Aug. 19, pp. 1137-1140.

1910. Further observations on the disposal of excreta (third paper) < Ibidem, v. 25(50), Dec. 16, pp. 1825-1830.

LUMSDEN, L. L., ROBERTS, N., and STILES, C. W.:

1910. Preliminary note on a simple and inexpensive apparatus for use in safe disposal of night soil < Pub. Health Rep., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., v. 25(45), Nov. 11, pp. 1619-1623, 1 fig.

1910. Idem. [Reprint no. 54,] U. S. Pub. Health and Mar.-Hosp. Serv., Wash., pp. 1-7, 1 fig.

The publications by the Public Health and Marine-Hospital Service are sent out directly from the Surgeon-General's office.

Model privies.—Shortly after the organization of the Commission, I had several model privies constructed, and these have been loaned to a number of organizations for exhibit purposes.

Investigations.—This past year investigations along the following lines in particular have been instituted and are still in progress in connection with the regular work in the Public Health and Marine-Hospital Service:

- (a) On the viability of hookworm infection in the egg and larval stages outside the body.
- (b) On a comparison of the various drugs used for treatment.
 - (c) On the safe disposal of night soil.
 - (d) Statistics of soil pollution on farms.
- (a) Viability experiments.—A series of parallel experiments is being conducted at the Hygienic Laboratory at Washington, D. C., and at the U. S. Marine-Hospital at Wilmington, N. C.

At Wilmington, in coöperation with Surgeon C. H. Gardner, I have reached the following results:

- (1) It is not safe, at present, to assume that the sand under and around a privy is entirely free from hookworm infection for about 5 months (151 days) after the privy was last used.
- (2) After about 4 months (120 days), however, the infection may be very greatly reduced, and possibly in some instances entirely killed.
- (3) After about 5 months (150 days) in sand, live Ascaris embryos in the eggs may be found, even when all the hookworm larvæ observed are dead. Ascaris eggs, apparently alive and normal, were found after 156 days.
- (4) Hookworm eggs may be identified in sand cultures 117 days old.
- (5) When fecal material is subjected to decomposition in water for 70 days (namely, about 2 1/3 months), the mass of hookworm eggs die, but a few can survive.
- (6) No hookworm egg has as yet been found alive in feces subjected to decomposition for 117 to 149 days, namely, about 4 to 5 months.
- (7) It seems very probable from present data that, under conditions under which our observations have been conducted, if fecal material containing hookworm eggs is subjected to decomposition in water for about three months, all hookworm infection will be dead. If this probability is confirmed by further observations, then, viewed from the

standpoint of hookworm infection alone, the effluent from the L. R. S. sanitary privy, described in Public Health Reports, 1910, pages 1619-1623, should be stored 3 months before being used as fertilizer.

- (8) In feces allowed to decompose in water, Ascaris eggs resist the decomposition better than do the hookworm ova. At the end of about 4 months (117 to 121 days), however, at least 80 per cent of the Ascaris eggs appear to be dead.
- (9) The action of chloride of lime in the strength of approximately one-fourth pound to 10½ quarts of water for 22 to 40 hours does not kill hookworm eggs.
- (10) If fly-blown fecal material is buried under $6\frac{1}{2}$ inches of sterilized sand, flies (Ophrya leucostoma) will crawl through the sand and complete their development.
- (11) If fly-blown fecal material is buried under 17 inches of sterilized sand, flies (Sarcophaga sp.) will crawl through to the surface and complete their development.
- (12) When fly-blown fecal material was buried under 48 inches of clean (unsterilized) sand, flies (Musca domestica) issued from the surface.
- (13) When fly-blown fecal material was buried under 72 inches of clean (unsterilized) sand, flies (genus and species undetermined) issued from the surface.

The observations reported on Ascaris and flies have an intimate bearing on the hookworm and typhoid problems, because the preventive measures (as respects soil pollution) aimed against any one of these infections will inhibit the others also. Accordingly, it is necessary to adopt uniform measures that will be satisfactory in fighting all of the soil-pollution diseases and pests.

The Washington experiments are not yet ready for publication.

(b) Experiments with drugs.—Dr. W. H. Shultz, one of the pharmacologists of the Hygienic Laboratory, has begun an extensive series of experiments involving a comparison of all the different drugs and methods that have been recommended in treating hookworm disease. It will be some months before his report will be completed.

(c) Disposal of night soil.—The proper disposal of human excreta is recognized by sanitarians as the most important single measure needed to prevent the spread of typhoid fever, hookworm disease, the dysenteries, and certain other widely prevalent diseases. In the campaign against hookworm disease it is impossible to emphasize this point too strongly.

There has been some difference of opinion as to just which of several methods is the best one to adopt, and on this account it has been considered wise to restudy the subject in conjunction with the investigation of this subject in the Hygienic Laboratory of the Public Health and Marine-Hospital Service. The status of the problem may be summarized briefly as follows:

The privy is the great sanitary problem of the open country and non-sewered villages. As it is not known which persons in a given community are carriers of typhoid, amœbæ, hookworms, Cochin-China diarrhœa, Ascaris, etc., it is necessary from the public-health point of view to impress upon the public the thought that all fresh human feces should be accepted as dangerous and should be treated as if they were actually a virulent poison. To adopt any other course is to run a risk of unnecessary sickness and death, especially among children. To bury the night soil without first safeguarding it may result in disease; to permit a continuation of the use of fresh night soil as fertilizer, in view of present-day knowledge, is to permit a custom endangering life. Burning or boiling the human excreta is at present the most ideal plan; but, while feasible in many instances. it is not of universal feasibility. Still, we must not close our eyes to the fact that in the present absence of definite knowledge regarding the viability of certain infections (as amœbæ, for instance), every other plan (disinfectants included) must for the present be accepted as a compromise.

The best-known compromise (the sewer) is not applicable to the open country; even as this system is used (and abused) in cities, we should recall that our knowledge re-

garding the possible distribution of zoöparasitic diseases by the sewer system is very rudimentary. The surface privy is a distinct improvement over none at all, but is unwarranted in view of present-day knowledge. The so-called "pail system" (including any water-tight receptacle, as a can, tub, or barrel) is the least that can possibly be demanded. Some safeguarding material should be used in this pail. If dry earth, ashes, or lime is used, the entire privy should be made rigidly fly-proof; if a fluid system is used, the screening is not quite so necessary, and thus a less expensive privy can be built. It remains to find a system of safeguarding which will be practical as well as theoretically not too inefficient. All systems have their advantages and their disadvantages; none is perfect.

The great practical disadvantage of the "dry" systems is that they call for coöperation from persons (children and many adult persons) whose coöperation cannot be relied upon; given the lack of coöperation, even in a relatively small percentage of the population, and the advantages of the system are far less than popularly supposed, for flies and worms can develop and come to the surface, and thus continue to spread infection. If the dry system is adopted, the night soil should be subjected to heat in order to kill infection. The great practical advantage of the "dry" system lies in the fact that so many people already know about it. It is a great advance over the surface privy.

In dealing with rural localities and many towns, one of the greatest obstacles to be considered is the widespread desire to use the night soil as a fertilizer. Whatever our views on this subject may be, we must face the fact that it is a deeply rooted custom among our people which it may take a generation to eradicate. One great advantage of the "wet" system is that it seems to offer a promise that a means may be found whereby we may still retain whatever value there may be in the night soil as fertilizer, and at the same time do away with the risk involved in this custom. Thus making an economic concession to farmers, we may still avoid the risk of estranging a large number of them from necessary sanitary improvements. To make it economically worth while to be sanitary in one's habit is one of the keynotes of sanitary advance.

An advantage of the water-kerosene method is that it can be installed with so little trouble and with so little change in the present privies. The only really necessary additions to the present surface privy are a platform under the seat, a receptacle such as a tub or a barrel under the seat, and the necessary barrels for fermentation, or an iron pail for boiling.

Surgeon Gardner and I have observed the practical workings of the so-called "surface privy open in back," which is the most commonly used system in the United States, and we find even greater arguments against it than have been advanced heretofore. We admit its superiority to promiscuous defecation, but otherwise we have for it only words of condemnation.

Drs. Lumsden, Roberts, and I have during the past year constructed an apparatus which we believe overcomes all theoretical and practical objections heretofore raised to the wet system. It is inexpensive, easily constructed, easily managed, satisfactory in practical use, almost without odor, and at an expense of \$1.50 to \$3.00 can be added to the present surface privy without rebuilding the latter. This apparatus has been in use in the Hygienic Laboratory for six months. Surgeon Gardner and I now have a number of them in practical use in a cotton-mill village, and also at the Marine-Hospital at Wilmington; the State board of health is testing the apparatus in Virginia, and several other boards of health have signified their intention to try it. The description of the apparatus as published by Lumsden, Roberts, and myself is as follows (see fig. 1):

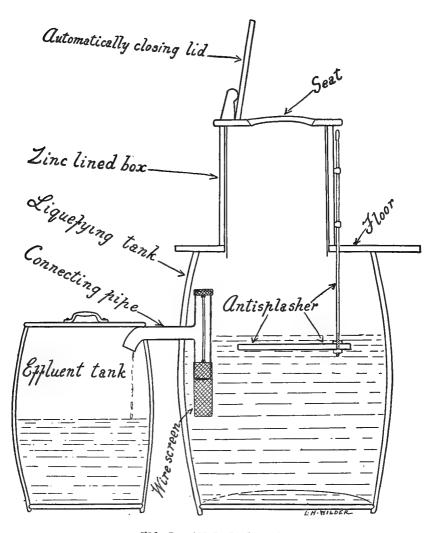


FIG. I.—AN L. R. S. PRIVY

Construction.—The apparatus under consideration consists of the following parts:

- I. A water-tight barrel to be used as a liquefier.
- 2. A covered water-tight barrel, can, or other container to receive the effluent.
- 3. A connecting pipe about $2\frac{1}{2}$ inches in diameter, about 12 inches long, and provided with an open "T" at one end, both openings of the "T" being covered by wire screens.
- 4. A tight box, preferably zinc lined, which fits tightly on the top of the liquefying barrel; it is provided with an opening on top for the seat, which has an automatically closing lid.
- 5. An anti-splashing device consisting of a small board placed horizontally under the seat and one inch below the level of the transverse connecting pipe; it is held in place by a rod, which passes through rings or eyes fastened to the box, and by which the board is raised and lowered.

The liquefying tank is filled with water up to the point where it begins to trickle into the effluent tank. As an insect repellant a thin film of some form of petroleum may be poured on the surface of the liquid in each barrel.

Practical working of the apparatus.—When the privy is to be used the rod is pulled up so that the anti-splashing board rises to within about one inch below the surface of the water. The fecal matter falls into the water, but the board prevents splashing, and thus meets one of the greatest objections thus far raised to the wet system. After defecation the person sinks the anti-splashing board by depressing the rod, and the fecal matter then floats free into the water. We are now working on an improvement whereby the rod will connect with the automatically closing lid, and the anti-splashing board will rise and sink as the lid is opened and closed.

Although some of the fecal matter floats, it is protected both from fly-breeding and fly-feeding in the following ways: First, by the automatically closing lid; second, by the water; third, by the film of oil, and fourth, for additional safety, the apparatus should be located in a screened place. The film of oil also prevents the breeding of mosquitoes in the barrel. Accordingly, so far as the privy as a breeding or feeding place for flies and mosquitoes is concerned, the model in question completely solves the problem.

The fecal material becomes fermented in the water and gradually liquefies; the addition of excreta naturally raises the level of the liquid, and the excess flows into the effluent tank, where it is protected from insects by the cover and by the film of oil. This effluent may be allowed to collect in the tank until it reaches the level of the connecting pipe, when it may be safely disposed of in various ways to be discussed later.

From July 12 to October 26 there were 246 defecations (with urination) into the model in question, making about two and one-third defecations a day. The effluent has amounted to about twelve gallons of a manageable fluid. It has not been found necessary to add water to the liquefying barrel since the apparatus was put into operation.

Although the period in question included the hottest part of summer, the odor, when compared with that of the average privy, has been negligible.

It is thus seen that this device appears to meet the following requirements:

- I. It solves the fly and mosquito problems, so far as the privy is concerned.
- 2. It liquefies fecal matter and reduces its volume so that it may be safely disposed of more easily and cheaply than night soil.
 - 3. It reduces odor.
- 4. It reduces the labor of cleaning the privy and makes this work less disagreeable.
 - 5. It is of simple and inexpensive construction.

The effect of the fermentative changes in the apparatus upon the viability of typhoid bacilli and hookworm eggs has not been determined, but other experiments tend to show that under such conditions the vast majority of typhoid bacilli and of hookworm eggs introduced would die within six weeks to two months' time. While the time of storage can be prolonged according to the capacity of vessels provided for the purpose, we believe at present that it is safer and more practical not to depend upon storage alone to destroy infectious organisms in the effluent, but to consider the effluent infectious and to dispose of it accordingly.

Disposal of effluent.—(I) Heat: If a suitable (metallic) vessel is provided to receive the effluent, a fire may be built under the vessel and the effluent heated to boiling; or if a wooden or concrete effluent tank is used, the effluent may be transferred to some other vessel for boiling.

After boiling, the fluid may be safely used for fertilizer under any conditions.

Heat disinfection is the only measure which can today be recommended unreservedly.

- (2) Burial: Burial will unquestionably decrease the dangers of spreading infection, but in the present state of our knowledge this method of disposal cannot be relied upon as safe. If burial of the effluent is practiced, the fluid should be disposed of not less than 300 feet from and down hill from any neighboring water supply, and not less than 2 feet underground, and then only provided the soil itself is a good filter. Burial in a limestone region may contaminate water supplies miles away.
- (3) Chemical disinfection: Chemical disinfectants, such as chlorinated lime and certain coal-tar derivatives, have the great advantage of cheapness and can be relied upon to destroy pathogenic bacteria. Our knowledge regarding the action of chemical disinfectants upon the eggs and spores of the various animal parasites is at present very rudimentary, but so far as results are known their practical use does

not seem to be so efficient in the destruction of the zoöparasitic as of the bacterial infectious organisms. Therefore, pending further investigations, the use of chemically treated excrement as fertilizer should not be regarded as unqualifiedly safe.

(4) Chemical disinfection with subsequent burial: Inasmuch as chemical disinfection can be relied upon to destroy pathogenic bacteria, and inasmuch as burial greatly reduces the danger from animal parasites, a suitable combination of the two methods (chemical disinfection and burial) can be used with reasonable safety.

(5) Sewers: In partially sewered towns the effluent from these privies may be emptied into the sewers. If conditions are such that the addition of this material to the sewage is dangerous, then the entire sewage system needs correction.

Paper.—Only toilet paper so far has been used, and the septic action seems to digest it. Other experiments indicate that newspaper would be disposed of by septic action in the tank, but perhaps some increase in the size of the tank would be required.

Cleaning.—Although no water has been added since the model was put into operation, the contents of the liquefying tank have remained fluid, and it is probable that in a tank having the capacity of an oil barrel the amount of sludge from the dejecta of a family of five people would not be sufficient to require the cleaning of the liquefying tank oftener than once in six months to a year.

Further experiments.—At present our studies are taking the following general directions:

While the barrel as the liquefying tank doubtless will be found to be the most feasible in many localities, it seems probable that tanks made of concrete or other durable material will be more satisfactory in certain instances, and we are now having both concrete and iron models built.

We are also planning the construction of a series of privies of this type, all of which shall connect with a common effluent pipe so as to have one common effluent tank. A

system of this kind appears to be of special applicability to small villages, such as cotton-mill settlements. The effluent tank would be at the lower end of the row, and should be attended to by the proper authorities.

A third line of study is being made with a view of determining the possibility of utilizing safely the effluent for economic purposes. The effluent tank can be filled with gravel and soil, and possibly some plant may be found which will be able to grow in this material, perhaps thus safely utilizing the fecal material as fertilizer. If a suitable plant can be found, it is clear that the labor of disposing of the effluent will be eliminated; and, if the plant is of economic value—one, for instance, which could be used as food for live-stock—an additional inducement can be offered to the farmer to live a more sanitary life.

(d) Statistics on soil pollution.—During the past year I have gathered statistics as to the privy conditions surrounding 4,825 American farm homes, located in six different States, and I find that 2,664, or about 55 per cent of them, have no privy of any kind. Of 2,499 homes tabulated as occupied by whites, 35.2 per cent have no privy, and of 2,326 houses tabulated as occupied by negroes, 76.8 per cent have no privy.

These shocking sanitary conditions under which so many American rural families are living necessarily increase the cases of sickness and death, especially among the women and children, and they decrease the efficiency and laboring capacity among the men.

The fact that the sanitary conditions surrounding the negroes are so much worse than those surrounding the whites calls for very serious consideration, for it involves not only the health, efficiency, and progress of the negroes themselves, but of the whites also. So long as the negro continues to live as he is living at present in the rural districts, his home will remain a reservoir from which disease may spread to the whites, and the white man owes it to his own race that he lend a helping hand to improve the sani-

tary surroundings of the negro. One way this can be done is by obtaining support for instruction in hygiene in negro schools. Another way is by teaching the white landlord the rudiments of hygiene.

Statistics of hookworm carriers.—I take the liberty of inviting attention to the important fact that numerous persons show hookworm infection, but apparently no resulting symptoms. This point has already been misinterpreted by a number of physicians, and is open to serious misinterpretation by the laity.

It should be recalled that a similar condition obtains in typhoid fever, and in other diseases, so that hookworm disease does not form an exception in this respect.

When a person has typhoid infection, without typhoid symptoms, he is known as a "typhoid carrier," and he is recognized as a dangerous element in spreading the disease. In uncinariasis a person who shows an infection, without showing symptoms, is known as a "hookworm carrier." These "carriers" probably outnumber the "patients," and are, from the public-health point of view, very dangerous as spreaders of the disease.

Plans for the coming year.—This coming year I hope to devote less time to lecturing before local audiences and more time to experimental study. For the immediate future I shall concentrate my work on problems of immediate practical importance, especially on viability experiments and the sanitary privy, postponing studies on the more academic questions until later.

THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE



Report of Administrative Secretary

OFFICES OF THE COMMISSION
WASHINGTON, D. C.
1910

THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE

ORGANIZATION, ACTIVITIES, AND RESULTS
UP TO DECEMBER 31, 1910

OFFICES OF THE COMMISSION
WASHINGTON, D. C.
1910

THE ROCKEFELLER SANITARY COMMISSION

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WICKLIFFE Rose

Administrative Secretary

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ORGANIZATION, ACTIVITIES, AND RESULTS UP TO DECEMBER 31, 1910.

The Rockefeller Sanitary Commission for the eradication of hookworm disease was organized October 26, 1909. By informal action of the Executive Committee an administrative secretary was appointed in December, 1909. On January 8, 1910, offices were opened in the Union Trust Building, in Washington, D. C., and the more definite organization of the work was begun.

- I. The work to be done.—The Commission had been created for the purpose of eradicating hookworm disease. To do this involved undertaking three definite tasks: To determine the geographic distribution of the infection and to make a reliable estimate of the degree of infection for each infected area; to cure the present sufferers; and, finally, to remove the source of infection by putting a stop to soil pollution.
- II. Organizing the agency to do this work.—The State was adopted as the unit of organization and of work. It was regarded as fundamental in the interest both of economy and of efficiency that the work be done as far as possible through existing agencies. Each State has its own system of public health, its own system of organized medicine, its own organized public press, its own system of public schools—these four fundamentals and a host of minor agencies which can be used to advantage in educating the people. These are established institutions rooted in the

life and traditions of the people; to enlist these agencies in the accomplishment of the task is to insure the permanency of the work from the beginning.

The eradication of this disease, moreover, is a work which no outside agency working independently could do for a people if it would, and one which no outside agency should do if it could. The economic prosperity of the State, the lives and health of its people, and the education of its children are involved; if the infection is to be stamped out, the States in which it exists must assume the responsibility. An outside agency can be helpful only in so far as it aids the States in organizing and bringing into activity their own forces.

In this spirit the Commission responded to invitations from State boards of health to coöperate in organizing the work in those States in which widespread infection had been demonstrated. The nucleus of this organization comprises:

I. A State Director of Sanitation.—This man is appointed by the joint action of the State public health authorities and the Rockefeller Sanitary Commission. He is a State official, an officer of the State department of health, and is clothed with the powers and responsibilities belonging to such position. He is the organizing and directing head of the whole work for the eradication of hookworm disease in his State, and is responsible for the efficiency of the service. His work is done under the general supervision of the State department of health; he reports quarterly to the State department and through this department to the Commission. These reports are manifolded, bound together, and sent to each man in the service. The admin-

istrative secretary of the Commission is kept in constant touch with the details of the work by correspondence and personal observation.

On this basis a State director of sanitation* has been appointed and the work inaugurated in the following States:

State	State Director of Sanitation	Work inaugurated
VirginiaA	. W. Freeman	February 7, 1910
North CarolinaJo	ohn A. Ferrell	.March 12, 1910
GeorgiaA	. G. Fort	.April 20, 1910
South CarolinaJ.	La Bruce Ward	May 1, 1910
TennesseeO	lin West	. May 10, 1910
Arkansas	Iorgan Smith	May 10, 1910
Mississippi W	V. S. Leathers	.June 1, 1910
Alabama W	V. W. Dinsmore	October 1, 1910
LouisianaS	idney D. Porter	November 1, 1910

2. A field force of sanitary inspectors.—Under the direct supervision of each State director of sanitation is a force of sanitary inspectors. These inspectors are nominated by the State director of sanitation and confirmed by the joint action of the State department of health and the Sanitary Commission. These inspectors constitute an ambulant service and devote their whole time to work in the field. They are the long arms with which the State director reaches out over the State to determine the geographic distribution and degree of infection; to determine the sanitary conditions responsible for the presence and spread of the disease; to enlist the coöperation of the physicians in curing the sufferers; to provide for the treatment of the indigent; to inspect the schools; to instruct the teachers, enlist the

^{*}The official title varies in some States to conform to State usage.

press, and, by lectures, demonstrations, and personal conference, teach the people the importance of getting all infected persons cured, and how to prevent the spread of the disease by putting a stop to soil pollution.

The sanitary inspectors report daily to the State director of sanitation. For this, and for other reports made at longer intervals, forms are supplied. Each inspector is supplied with microscope, medicine, literature, lantern, and slides. The sanitary inspectors by States are: VIRGINIA, A. C. Fisher, W. A. Brumfield, R. C. Carnal, W. A. Plecker; NORTH CAROLINA, B. W. Page, C. F. Strosnider, C. L. Pridgen; South Carolina, F. A. Bell, Milton Weinberg; GEORGIA, C. E. Pattillo, C. H. Dobbs, P. H. Fitzgerald, S. H. Jacobs, W. C. Thompson, T. F. Abercrombie; ALA-BAMA, H. G. Perry, John F. Orr, W. W. Perdue; Missis-SIPPI. W. H. Rowan, C. R. Stingily, R. N. Whitfield, J. C. Cully, Robert Rowland; TENNESSEE, T. B. Yancey, Jr., W. M. Breeding, W. J. Breeding, J. M. Lee, ARKANSAS, C. C. Price, J. B. Crawford; Louisiana, no appointments made as yet.

3. Laboratory staff.—A definite diagnosis of hookworm disease requires a microscopic examination of the patient's stool. One person can make from twenty to thirty-five such examinations a day. Each State has offered to make these examinations without charge. This requires a State laboratory with microscopes and men enough to examine the specimens that are sent in.

At the beginning of the work each State, except Arkansas Mississippi, and Tennessee, was maintaining a public-health laboratory with staff and equipment more or less adequate. But, as the influence of the work extends, as larger numbers

of physicians and of people become interested, the work of the State laboratory grows, and calls for a corresponding increase in the staff.

The North Carolina State laboratory, which ten months ago needed no special staff for this service, now has five men devoting their whole time to examining specimens for hookworm disease, and has applied for two additional men to keep up with the work. Virginia has in this service one laboratory man; Mississippi, one; Alabama, two; Georgia, two; Louisiana, one, and South Carolina, one.

This definite organization devoted exclusively to this service is relied upon to enlist in the accomplishment of its task the physicians, the press, the schools, and all forces in the State which may be used as agencies in educating the people.

- III. The organization at work.—The work in each State has been directed toward the accomplishment of three definite tasks:
- I. Determining the geographic distribution of the infection and estimating the degree of infection for each infected area.—The survey to determine the infection is made by counties. The State director of sanitation first makes a preliminary survey to locate the infection and to determine roughly whether it is "heavy" or "light." This is followed later, in connection with the other features of the work, with a survey in detail, which estimates what percentage of the total population is infected. The plans followed in making these surveys vary in details; the essentials are these:

(1) Personal inspection.—The State director, on taking up his duties, goes into the field and makes a tour of personal inspection through those counties in which heaviest infection is suspected. He consults physicians, sees a few of their patients, inspects the children in schools, observes the people along the roads, at railroad stations, in country churches, and in the market places of country towns. His hurried clinical diagnosis he checks up by occasional microscopic examinations.

When in this way he has located a large area showing heavy infection, he creates a sanitary district comprising four or five counties, appoints a sanitary inspector to take up the work in detail in this district, and continues his preliminary survey in new territory. In the end the State director and his inspectors, who are frequently assigned temporarily to this duty, will have made a personal preliminary survey of every county in the State.

- (2) Reports from local physicians.—The State director sends a personal letter to the physicians of the State, asking each one to report the cases of hookworm disease which he has diagnosed and treated. This letter is persistently followed up. As the physicians learn to recognize and treat the disease, these reports grow in number and in value Dr. Ferrell, of North Carolina, has received reports of about 8,000 cases treated by physicians in 94 out of the 98 counties in the State.
- (3) Laboratory examinations.—By systematic planning the laboratory records are made to indicate both distribution and degree of infection. The work done in two States makes this clear:

- a. All miscellaneous specimens examined are recorded on the State map, thus showing distribution of infection.
- b. Three hundred college students were examined as a body without reference to clinical symptoms; the records were mapped by counties. The results showed infection in 54 of the 98 counties in the State, and showed an infection of 42 per cent for this body of men.
- c. The three regiments of the State militia and the coast artillery were examined; specimens were collected from all the men; records were made by counties and results mapped. The records show 1,105 men examined. Percentage of infection for First Regiment, 36.8; Second Regiment, 58; Third Regiment, 32; Naval Reserves, 30. Infection located in 34 counties, and percentage for the company in each county given.
- d. Examinations of specimens from all the children in an orphanage gave as result: number of children examined, 96; age, 6 to 18 years; percentage of infection, 54; infection located in 21 counties. Other orphanages and State institutions were examined in like manner.
- e. One public school was selected at random in each district in the county and specimens secured from all the children in each school selected. Records were made by schools. The results show an average infection of 82.6 per cent for all schools examined. This result, being based on an examination of children in school, is taken as conservative estimate of the average infection for all school children in the county.

The possibilities of the laboratory as a means of determining distribution and degree of infection are limited only

by our laboratory facilities and our ingenuity in planning and conducting investigations.

(4) Survey in detail by the sanitary inspectors.—The sanitary inspector is an indispensable factor in this survey at every point. He aids the State director in making preliminary surveys of new territory; he enlists the cooperation of physicians and gets them to report conditions and cases treated in their practice; he secures specimens for systematic examinations being conducted at the laboratory; and, finally, he completes the work by a survey in detail of the sanitary district to which he is assigned. This detailed work he does not do as a thing by itself and at one time: he does it in connection with his other duties, and prolongs it with many interruptions over a long period of time. Dr. Fisher, the first sanitary inspector appointed, says he thinks he has located every focus of infection in the county in which he began his work last spring, and his knowledge of conditions in the other counties is growing toward complete mastery of his district.

To cover the State in this way will require years; but it will be done.

(5) Summary of results showing:

a. Infection in nine States.—Maps I to 9 show the results of the survey as made up to December 31, 1910. Infection has been demonstrated in every county marked infected. Heavy infection has been demonstrated in every county in which heavy infection is shown on the map. Where the infection is marked as light, a careful survey has demonstrated a light infection; where only the presence of infection is indicated, the degree of infection has not been determined.

- b. Infection in other States.—In addition to the nine States in which the work has been organized, infection has been demonstrated in Florida, Kentucky, Texas, Oklahoma, California, and Nevada. It is reported as heavy and producing great economic loss in the mines of California.
- c. Infection in foreign countries.—The Commission is getting information on conditions in foreign countries. In addition to learning what countries are infected, information is being sought on: 1, the geographic distribution of the infection within the country; 2, an approximate estimate of the degree of infection; 3, whether the infection is surface or mine infection; 4, what is being done by private or public agencies to eradicate or relieve it. The investigation is just getting well under way. Maps 10 to 15 show the countries in which hookworm infection has been demonstrated.
- 2. Getting the sufferers cured.—In getting the sufferers cured the State director and his staff follow three lines of effort: Enlisting the physicians in the accomplishment of the task; getting the people to seek examination and treatment, if needed, for themselves and their neighbors; providing for the treatment of the indigent.
- (1) Enlisting the physicians in the work.—The State board of health in each State depends upon the physicians of the State to treat all cases of hookworm disease as it depends upon them to treat other diseases. This is a part of their practice; the State board would not take it from them. The task is enormous; it will require years for its accomplishment. It will be done only by the doctors working intelligently, patiently, persistently, each in his own territory.

There are in the nine States 19,981 physicians. These men are distributed over 415,950 square miles of territory. This disease is new to the profession; when the work began a year ago comparatively few physicians in these States were treating it. One of the definite tasks of the State organizations is to enlist this army of 20,000 men as a permanent working force. This is being done—

- a. By bulletins.—Each State board of health publishes and distributes to all the physicians in its State special bulletins and folders on diagnosis and treatment of hookworm disease; it publishes special articles on the subject in its regular bulletin, which reaches all physicians in the State.
- b. By letters.—The State director of sanitation makes personal appeal by letter to all the physicians of his State. These vary indefinitely in character, but the end is one—to get the physicians enlisted in the work.
- c. By lectures.—The State director and his staff give lectures and demonstrations at the medical colleges, at the meetings of State, district, and county medical societies. Often an entire session at these meetings is given to a symposium on hookworm disease with a clinic as central feature.
- d. By personal visits.—The sanitary inspector, on going into a new county, visits personally all the physicians; goes with them in their practice; gives demonstrations in diagnosis and treatment when desired; establishes personal relationships, and makes plans for permanent coöperation in the work.
- (2) Getting the people to seek examination and treatment.—In Porto Rico it is not uncommon to see from one to two hundred people assembled at an anemia station wait-

ing each his turn to be examined and treated for hookworm disease, or "anemia," as they call it on the island. Many of these people, for whom exertion of any kind is difficult, have walked for miles over rugged mountain trails to see the doctor. They are eager to be treated, because for generations they have known anemia as a dread disease; it has been the scourge of the island. The infection is severe; the people are sick, they know they are sick, and have learned that they can be cured.

In the States the infection is less severe; it is scattered over larger areas; its effects have not been so perceptible to the people. They have taken their anemia, their lack of vitality, their feeling "puny" and "out of sorts," as a matter of course. Those that have been severely sick have been treated for malaria, tuberculosis, dropsy, kidney trouble, chronic indigestion, etc.; but hookworm disease, as a disease, has not been known to the people or to the profession. The announcement that hookworm is prevalent in the States was not taken seriously. Many people resented the suggestion of their being infected and refused to be examined and treated, even when they knew they were ill and when every indication pointed to hookworm disease. But, as the people get possession of the fact that hookworm infection is a reality; that all people are subject to it; that its consequences are serious; they come to look upon it as they have been accustomed to look upon tuberculosis, typhoid fever, or any other serious preventable disease.

To get the facts to the people is one of the definite tasks of each State department of health. This is being done:

a. Teaching the people by demonstration.—The sanitary inspector, on going into a new community, picks out

a few typical cases and treats them as an object-lesson. He calls attention to the more striking symptoms present in these cases; he secures specimens of their stools and exhibits the hookworm eggs under the microscope; he administers treatment and later exhibits the parasites that have been expelled. The recovery which follows treatment and cure speaks its own message. These demonstrations are being multiplied by the physicians who are treating the disease. Thus from small and scattered centers to ever-widening circles the people are being reached by these tangible facts which they can see and understand.

b. Teaching the people by examinations made at the State laboratory.—The examinations being made at the State laboratory are demonstrating that the infection is widespread-much more so than any of us suspected one year ago. The infection has in this short time been demonstrated in 91 out of a total of 100 counties in Virginia; in 97 out of the 98 counties in North Carolina; in 22 out of 43 counties in South Carolina, and these distributed over the whole State; in 108 of the 145 counties in Georgia; in 63 of the 67 counties in Alabama; in Louisiana two months' work has demonstrated infection in 23 parishes; in Mississippi it has been demonstrated in 65 of the 76 counties; in Arkansas, in 20 counties in the southern part of the State, where the survey has been made by personal inspection with microscopic examination; in Tennessee, which has no State laboratory, microscopic examinations by the State director and his staff have demonstrated the infection in 52 of the 96 counties, and these situated in every section of the State.

These examinations being made at the laboratories are

showing also that very many people are infected. The North Carolina State laboratory has just completed an examination of 5,556 people, taken by groups without reference to clinical symptoms. These people are college students, soldiers, orphans, public-school children of all ages and conditions. The records show that of the 5,556 persons, 2,408, or 43 per cent, are infected.

These two groups of facts are growing in volume daily; being the records of microscopic examinations made by experts, their accuracy cannot be questioned. They show that the infection is very prevalent among the people, that all classes of people are subject to it, and that it is distributed over large areas of each of these States; they bring home to the people living in these infected areas the importance to the individual and to the community of having every carrier of infection examined and treated.

c. Teaching the people by examination of the school children.—The people are being led to seek examination and treatment by systematic examination of the children in the schools. The sanitary inspector reaches the schools of a county through the State superintendent of education, the county superintendent, the school boards, and principals. On going into a school he makes a clinical examination of all the children, keeping a record of those that show clinical symptoms of hookworm disease. For each of these, notice is sent to the parent and to the family physician, calling attention to the findings and advising that a specimen be submitted to the physician or to the State laboratory for microscopical examination. Many of the inspectors collect the specimens and send them to the laboratory. The parent is given the result of the microscopic examination, and, if

it is positive, is urged to have the child treated by the family physician.

For demonstration and as a check to his own clinical diagnosis, the inspector collects specimens from all the children of a few schools and submits them to the laboratory for examination.

Teachers are becoming active in this work; some of them are becoming expert in recognizing the symptoms of the disease, and urge parents of children showing these symptoms to have them examined. An instructor in one State normal school has examined a large group of student teachers in the institution and is teaching them how to recognize the clinical symptoms and to make the microscopic diagnosis—this with a view to their being able to protect the children in their own schools and to aid in stamping out this disease in the communities to which they may be called as teachers. The teacher thus trained will be the physician's best ally in the work.

d. Teaching the people by example.—The people are being led to seek examination and treatment by the coöperation of public-spirited, influential citizens. The inspectors, on going into a new community, frequently have the coöperation of a group of leading citizens, who ask to be examined and who let the fact be noised abroad. In one State a group of 600 college men submitted to examination and pledged themselves to use their influence each in his own community to get others to be examined and treated. The State universities and a few other colleges of North Carolina, South Carolina, and Mississippi have given their active coöperation and have made their influence felt throughout their respective States.

e. Teaching the people by means of public lectures and the printed page.—In each State the State board of health is disseminating these facts and enlarging the sphere of these influences by means of public lectures and the printed page. The State director and his staff make it a part of the work to give illustrated lectures to teachers, schools, and citizen audiences. In these lectures they use charts, photographs, and lantern slides and supplement these with facts gathered from the whole experience to show as concretely as possible what hookworm disease means to the people of that State in terms of economic loss and human suffering and inefficiency.

In each of the States the State board of health has issued one or more special bulletins showing the effects of the disease, and has distributed these broadcast. Some of the States are distributing in even larger numbers a small folder setting forth in simple language the essential points and giving directions for sending specimens to the State laboratory for free examination. Teachers, physicians, and traveling men are distributing this literature. A physician in Alabama recently reported that he takes a supply of one bulletin with him on every trip into the country. When he meets a child showing symptoms of the disease he hands him a copy, saying, "Show this to your mother and tell her I say I think you have that disease, and that you ought to see your family physician."

The State directors in Virginia, North Carolina, and Mississippi have the public press work well organized and are making systematic use of the county papers as an agency for getting the facts out to the people.

That the people are responding to these efforts is indi-

cated by this record of examinations for hookworm disease made at the North Carolina State laboratory:

Examinations	for	quarter	ending	Mar.	31,	1910	70
66	66	"	"	June	30,	1910	486
"	4.6	"	66	Sept.	30,	1910	2,421
"	66	44	4.6	Dec.	31,	1911	4,972

(3) Providing for the treatment of the indigent.—Very many of the sufferers from hookworm disease, on account of extreme poverty, are not able to pay for treatment or even for the necessary medicine; and these as a rule are the more severe cases, for poverty is one of the distressing results of the disease. It works slowly through a long series of years, sapping the vitality and thereby destroying the earning power of its victims. Many families in heavily infected areas have never been free from the disease, and are today suffering the cumulative results of conditions that have come down even from preceding generations. To provide for the treatment of these is one of the most stubborn practical problems that the directors of the work are having to meet.

The Florida State board of health is meeting it by paying to the physicians of the State three dollars a case for all cases cured. This payment is made from the public-health fund of the State. The Florida board can do this; its public-health fund is on a mill basis and amounts to about \$75,000 a year. This is not possible with present funds in any other State. In Virginia some voluntary organizations have been formed to raise funds for this purpose. In North Carolina and Virginia the physicians in many counties have agreed by formal resolution to prescribe for hookworm dis-

ease free to the poor, and the women's betterment associations in these counties in North Carolina have agreed to supply the funds for the medicine. Cotton-mill owners in some cases and in others public-spirited citizens have provided medicine for the indigent. In Arkansas, county organizations formed for the eradication of hookworm disease undertake to provide for treatment of all who need the aid. All these efforts help; but these agencies are not permanent and cannot of themselves meet the situation.

In Mississippi a free dispensary has been opened at Columbia for the treatment of hookworm disease in Marion county. The county board of supervisors recently made an appropriation from the county funds for the purpose of supplying the drugs; the county health officer provided four rooms with hall and lavatory; the Commercial Club of Columbia supplied the rooms with beds; the local physicians offered coöperation in giving treatment. The dispensary is running at its full capacity and hundreds are being turned away for lack of facilities. This is the most promising move that has been made in the direction of supplying treatment for the indigent.

- (4) Results.—For summary of activities and results see Tables 1 and 2.
- a. Table I shows the number of physicians in the State; what has been done to enlist them in the work; the estimated number treating the disease. The physician once enlisted is in the work for life.
- b. Table 2 shows examinations made and cases treated. By devoting itself directly to the treatment of cases the State organizations could have made a definite record of a

much larger number of cases treated; enlisting physicians now insures for the future multiplication of results.

- c. The largest result achieved this year does not appear in the tables, namely, public sentiment created.
- 3. Putting a stop to soil pollution.—The final task in this work is to stamp out hookworm infection by putting a stop to soil pollution. The work is one of education and will require years for its accomplishment. Two lines of work are now in progress:
- (1) Sanitary survey.—The State organization is conducting a sanitary survey to determine the existing conditions responsible for the presence and spread of the disease The sanitary inspectors are supplied with forms on which they report the sanitary conditions surrounding homes, churches, schools, saw-mills, and similar industrial plants.

In these nine States is a population of 17,743,253, distributed over an area of 415,950 square miles. About 80 per cent of these people live in the open country, where since the earliest settlement soil pollution has been almost universal and with no thought of its serious consequences. (See Table 3.)

- (2) Teaching the people the dangers of soil pollution and how to stop it.—To get fourteen millions of people, distributed over half a million square miles of territory, to abandon a habit ingrained by centuries of usage and to conform to specific sanitary regulation will require the cooperation of permanent agencies in a system of education directed definitely to this end and kept up for a long period of time. A beginning has been made.
 - a. Teaching the people by public lectures.—The State

director of sanitation and each member of his staff is supplied with lantern and a set of slides. Each man is now making his own photographs of local conditions. Some of the inspectors are preparing a series of charts. With this equipment they are prepared to tell and illustrate the life story of the parasite; to show how the young hookworms get into the soil and under what conditions they thrive there; to make vivid by pictures how the infection is spread when the barefoot child walks over this ground; to show how soil pollution may be prevented; to intensify the lesson by exhibiting photographs of local conditions.

The inspector tells this story to popular audiences in the evenings, and to the schools which he inspects during the day. One inspector says his purpose is to make the story so simple, so direct, so vivid that every child will feel it tingle on the bottom of his bare foot when he walks on polluted soil.

This story has been told 1.240 times during the year by the regular staff in these nine States; it has reached more than 196,000 people. The school child has repeated it at home and neighbor has repeated it to neighbor.

- b. Teaching the people by means of bulletins and folders.—The State boards of health in these nine States have published and distributed during the year 546,000 copies of special bulletins and folders on the dangers of soil pollution and how to avoid them. (See Table 4a.)
- c. Teaching the people through the public press.—The State director and his staff make it a part of the work to visit the papers of the State to establish personal relations with the editor, to give him first-hand knowledge of the facts, and to enlist the paper as a permanent agency in the

service. Virginia, North Carolina, and Mississippi have the coöperation of practically the entire State press and have the press service effectively organized. Definite organization of this service in each State will be effected as soon as practicable. (See Table 4a.)

- d. Teaching the people through the schools.—The work of enlisting the schools as a permanent agency in this sanitary service has only begun. The State superintendent of education in each State has offered his active coöperation. Three lines of definite work are now in progress:
- (a) Putting a stop to soil pollution at the schools.— For the protection of the children and as an object-lesson to the community, sanitary privies are being built at the schools. This is being urged by the sanitary inspectors in all the States, by the State organizer of school improvement leagues in all the States except North Carolina, and by many of the county superintendents. In Virginia and Louisiana the State boards of health have promulgated regulations having the force of law requiring that all the schools of those States be provided with sanitary toilets; the State departments of education agree to coöperate in carrying them into effect. The work has been done in two districts in Virginia and is under way in 24 other districts. county school boards of four counties in North Carolina and one county in Tennessee have ordered that sanitary privies be provided at all the schools in these counties, and that the expense be borne by the county school funds. Virginia has a record of 1,570 privies built. This work will be pushed systematically.
- (b) Teaching the school children the dangers of soil pollution and how to avoid them.—The sanitary inspector,

after inspecting the children in a school, gives them definite instruction in sanitary measures. In some communities physicians have volunteered to give this instruction at the schools. In two towns in North Carolina and two counties in Georgia the school authorities have provided local funds for this service. The Mississippi State board of health has issued a bulletin on hookworm disease especially designed for use in the schools; it has also supplied the schools with a placard to be framed and hung where it can be easily read. The North Carolina State department of education has published a fifty-thousand edition of a bulletin on soil pollution for use in the public schools of the State. This has been distributed through the county superintendents to the public-school teachers with instructions that it be used as the basis of instruction to the school children. Dr. Ferrell, the State director of sanitation in that State, recently prepared for the department of education an outline for a series of talks on hookworm disease and soil pollution, the outline to be published by the department of education and distributed to the teachers for use as a basis for oral instruction to the children in all the public schools of the State.

The Arkansas State department of education has a bulletin ready for publication. In the State Normal School, at Athens, Georgia, the student teachers are being given instruction in hookworm disease to the end that they as teachers may be able to give definite instruction to the children in their own schools.

These are permanent educational agencies; the work which this year has made only a beginning will go on increasing in volume and efficiency.

24 THE ROCKEFELLER SANITARY COMMISSION FOR

IV. Summary of expenditures.-

	Expe State	nded by Commission	Total
Alabama	\$150.00	\$1,444.32	\$1,594.32
Arkansas		4,474.20	4,474.20
Georgia	1,880.00	6,933.86	8,813.86
Louisiana	400.00	549.99	949.99
Mississippi	4,500.00	6,283.11	10,783.11
North Carolina		9,948.76	11,948.76
South Carolina	1,000.00	4,029.91	5,029.91
Tennessee	692.86	5,002.20	5,695.06
Virginia	2,630.00	8,353.09	10,983.09
Totals	\$13,252.86	\$47,019.44	\$60,272.30

Enlisting the Physicians.

Physicians now treat- ing the disease.	440* 500* 576 450 838 100
Number of bulletins sent to physicians.	2,200 7,000 2,887 7,000 4,168 4,000 1,113 6,898 13,800
Number of letters and circulars sent to physicians.	3,800 2,500* 2,500* 2,418 1,113 1,200*
Number of physicians reached.	85 450 156 165 200 745 350 1,200*
Number of Number of physicians lectures personally given to instructed.	2 2 2 2 2 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 6 6 6 6
	275 8275 8200 359 280 674 84 400 461
Number of physicians in State.	2,200 3,600 2,987 2,033 2,054 1,500 1,113 3,449 2,300
State.	Alabama. Arkansas. Georgia. Louisiana Mississippi. North Carolina. South Carolina. Tennessee.

* Estimated.

Examinations and Treatment.

	Number of	Number of		Positive of	Positive diagnoses.	Per	Persons treated.	
	schools inspected.	families examined.	persons examined.	Clinical.	Microscopic.	On record.	Estimated. Not on record.	Total.
٠.	31	:	1,262	108	92			
	46	450	2,250	1,387	442	3,330	:	3,330
•	163	:	17,775	4,572	1,165	1,400	000,9	7,400
-	79	240*	\$,000*	*000,I	79			
	150*	472	9,331	2,737	1,682	824	4,000	4,824
-	238	390*	33,162	4,408	7,949	8,000	000,9	14,000
	115	200	4,900	2,200	85	665	400	1,065
-	136	1,564	3,055	1,052	545	204	:	204
:	300*	2,500*	22,000*	*000,01	2,750	:	8,000	8,000
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* Estimated.

Putting a Stop to Soil Pollution—Results of Sanitary Survey.

State.	Area (sq. miles).	Population, living in country.	Per cent living in country.	- Sanitary conditions.
Alabama	51,000	2,138,000	70	Of 31 schools inspected, only 1 in 5 has privy of any kind for gitls, and but 1 in 10 has privy of any kind for hove
Arkansas	53,045	1,500,000	80	Inspection of schools, churches, farms, and saw-mills has failed thus far to discover one sanitary privy outside of cities and
Georgia	58,980	2,609,000	83	towns. Of homes, schools, and churches outside of cities, majority
Louisiana	48,506	1,656,388	63	have no privy of any kind; sanitary privies very rare. Open earth closets practically universal.
Mississippi North Carolina		1,708,272 2,246,000	82 82	Relatively few homes and schools in the country have closets. Of 238 white schools inspected, only 6 have sanitary privies.
				Of 20 negro schools inspected, not one has sanitary privy. Mills inspected, 14; operatives, 5,700; open privies, 945;
South Carolina	30,170	1,515,400	80	sanitary privites, o. Fifty per cent of homes in rural districts have no closets. Fifty ber cent of schools have no closets.
Tennessee	42,050	2,185,789	80	Very few sanitary closets. Of 456 homes inspected, none have sanitary privies and only 285 have privies of any kind. At country homes, schools,
Virginia	40,125	1,854,184	83.5	churches, and saw-mills, privies of any sort reported exceptional. From a record of 1,000 farms inspected, only 15 per cent were using a privy of any kind. Of 7,088 schools in the State, only 3,830 have privy of any kind.
			- 	

Putting a Stop to Soil Pollution-Educating the People.

	Through bulletins.		Through the press.	the press.		
State.	Number of bulletins and leaflets distributed.	Papers in State.	Number personally visited.	Letters to press.	Articles furnished for publication.	Attitude of press.
Alabama	20,000 60,000	247. 210	10 65	23 420	19 12	In thorough sympathy. Without exception favorable and will-
Georgia	34,000 25,000 65,000	246 78 130*	83 20 35	" Many." 128 135	150* 3 40*	Lug to cooperate. Can not answer. Interested and ready to cooperate. At beginning indifferent; slight opposition. At present all papers
North Carolina	152,000	312	157*	1,248	305	cooperating. At beginning indifferent, humorous often resentful. Now not one opposing. Practically all gives opposing.
South Carolina.	10,000	:	:	None.	20	cooperation. Most of the papers are supporting
Tennessee	70,000	150	30*	300	15* I each week.	山田
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* Estimated.

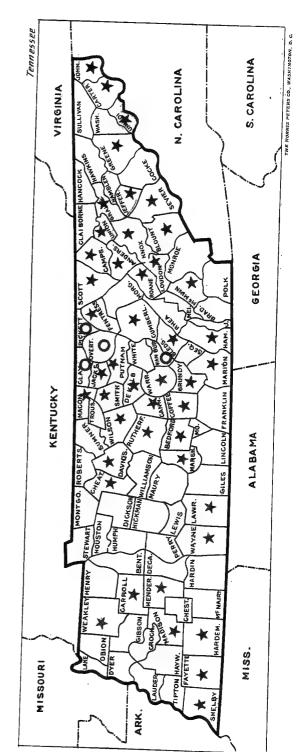
Putting a Stop to Soil Pollution—Educating the People.

	Through public lectures.		d by privies se built.	000 No report. 000 75* 000 75* 000 No report. 000 I,570
	gh publi	Estimated number of persons reached by these lectures.		3,000 30,000 17,000 21,000 35,000 6,000 9,000
•	Throug	Number of	lectures given.	52 58 200* 171 254 100 75 65*
'	,		At institutes.	1,300* Indefinite. 600* 3,500 7,655 300 800* 5,000*
	dools.	Through the schools. Teachers reached.	By bulletin or leaflet.	104 9,000 600* All. All. Io,000 1,000 All. All.
	ugh the sc		By letter.	57 3,000 600* 500* 800 4,000 50 No record.
	Thr		By visit.	35, 98, 578* 800* 450 550 800 No record, 1,100
		Number of teachers in State.		8,677 9,522 3,000* 6,929 11,500 10,400 8,407
		State.		Alabama Arkansas. Georgia. Louisiana. Mississippi. North Carolina. South Carolina. Tennessee.

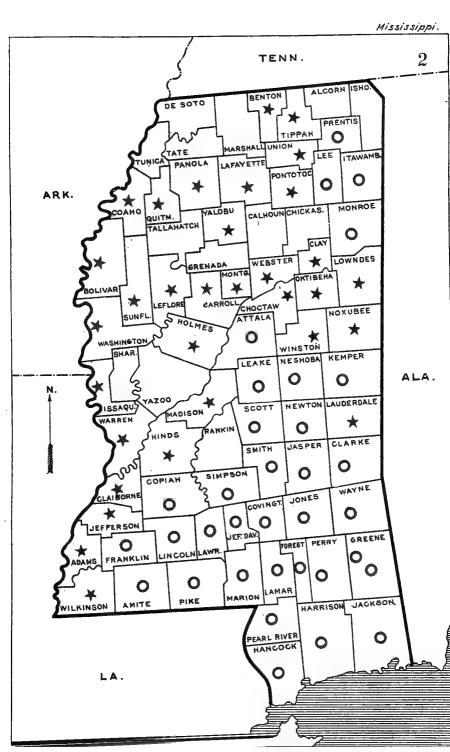
* Estimated.



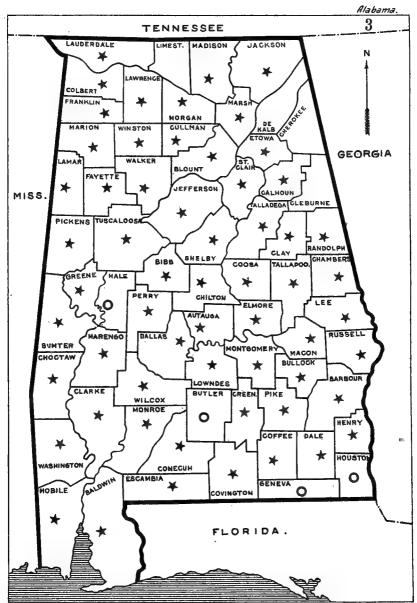
- O Survey made in detail, infection HEAVY.
- **★** " " " LIGHT.
- ♣ Preliminary survey made, infection demonstrated.



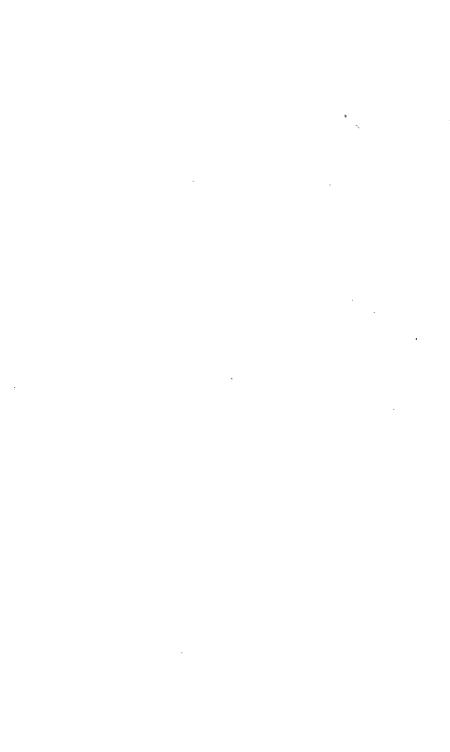


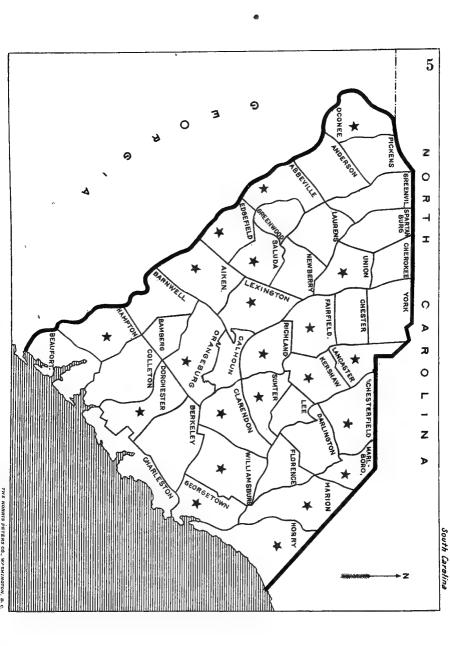


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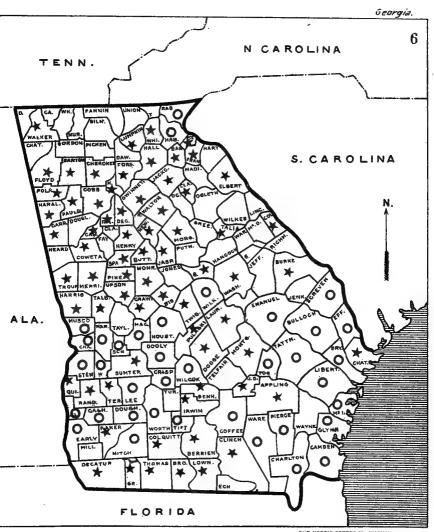






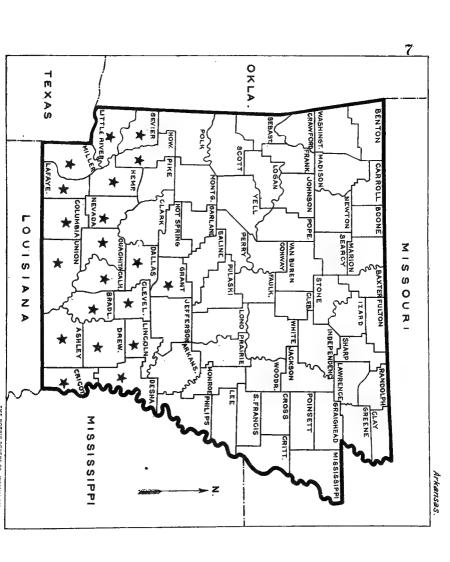


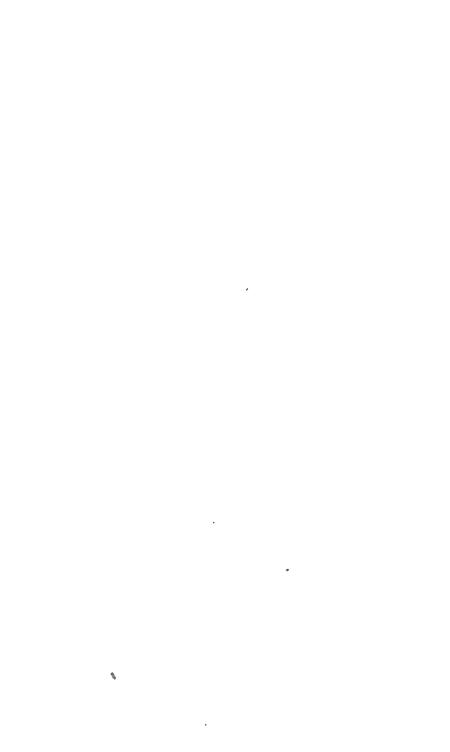




THE NORRIS PETERS CO., WASHINGTON, D. C.

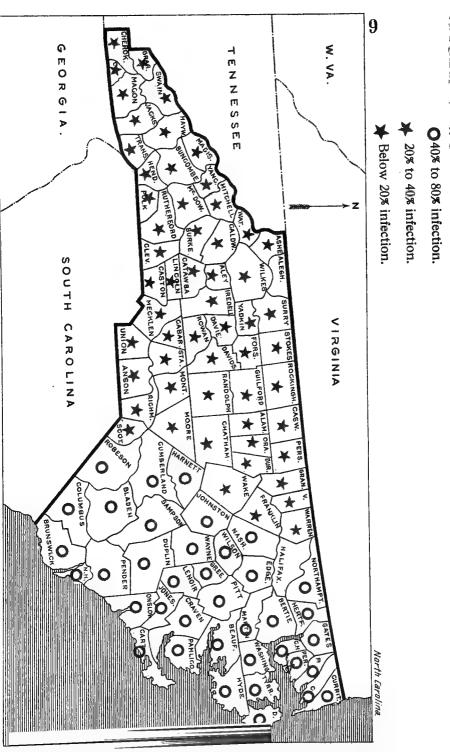
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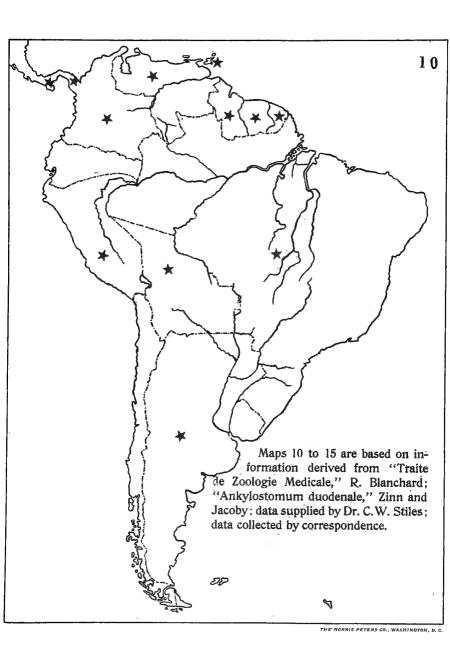




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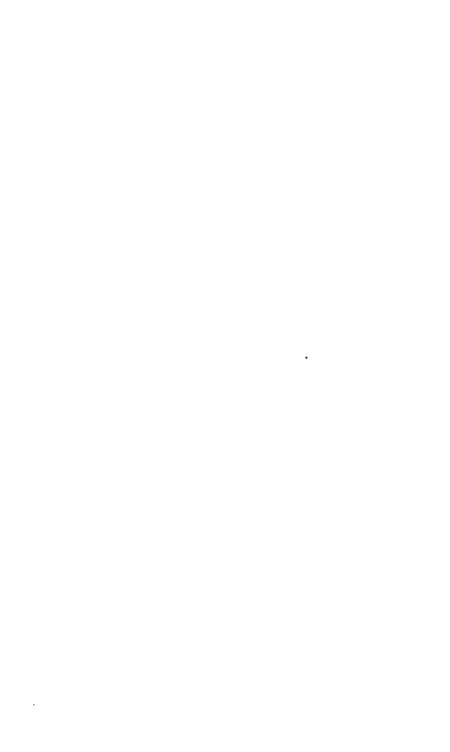


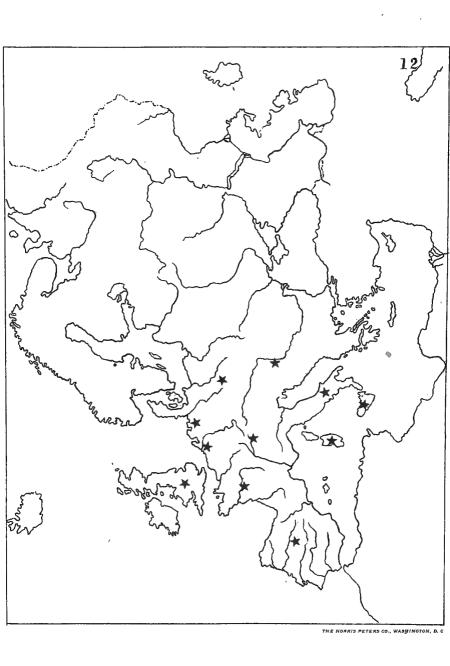




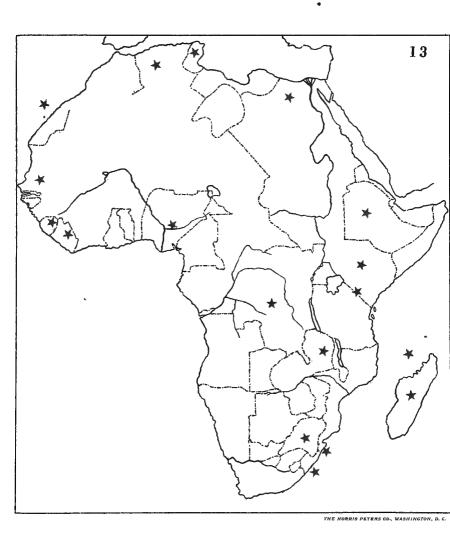




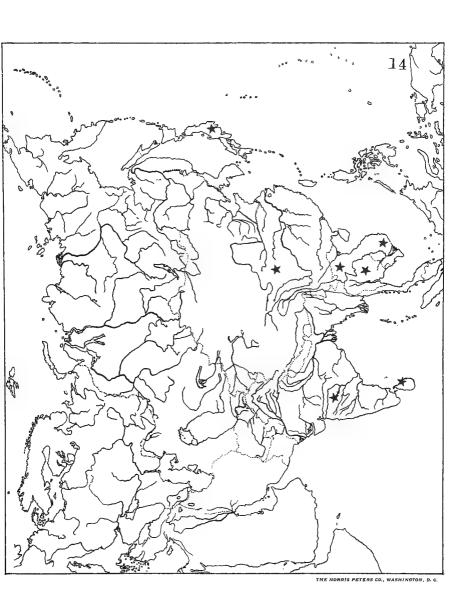




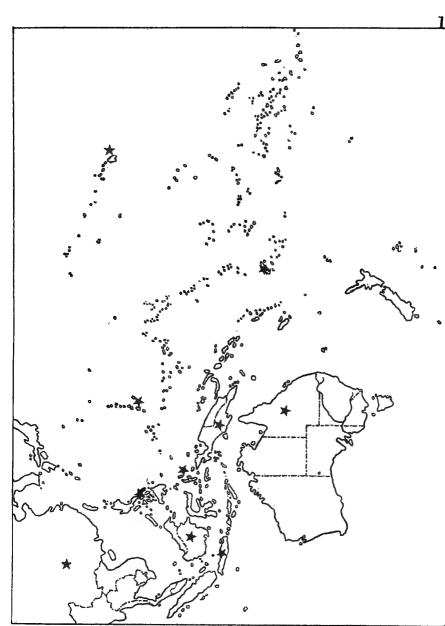




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APPENDIX.

The Florida State Department of Health had instituted a campaign against hookworm disease before the Rockefeller Sanitary Commission was organized. In response to Dr. J. Y. Porter's very cordial invitation, the administrative secretary of the Commission and many of the State directors of sanitation visited Florida early in the year to study the methods and results of that work. Not only are we personally indebted to Dr. Porter and his staff for many courtesies, but to them the service is indebted for cordial cooperation and helpful suggestion at every point. We have asked the privilege of appending this summary of the work in Florida for its intrinsic merit and as an acknowledgment of our indebtedness to the work and workers in that State.

· FLORIDA STATE BOARD OF HEALTH.

A Summary of Hookworm Work Accomplished in Florida from October 12, 1909, to December 31, 1910.

MILEAGE.

The State health officer and three assistant State health officers during this period, in travel chargeable to hookworm disease, covered—

By railway	1.070 miles
A total of	7 620 miles

EXPENSES INCURRED.

Salaries of two assistant State health officers while actively engaged in the hookworm cam-	
paign	\$1,508.30
average per man per month of \$97)	1,057.15
Total expended by the two field men Cost of hookworm literature during 1909 and 1910, which includes circular letters, case record blanks, and 20,000 leaflets for popular	\$2,565.45
distribution	65.00
17,000, and equivalent to 1,224,000 pages Laboratory salaries and maintenance, 1909,	592.00
chargeable	525.00
chargeable	2, 650.00
at \$3 each	1,806.00
tions, delivering lectures, etc	534.00
Total expense	\$8,737.45

Synopsis of the Work Accomplished by Two Assistant State Health Officers.

TIME ENGAGED.

October 12, 1909, to March 24, 1910
MILEAGE TRAVELED.
By rail 3,360 miles By teams 1,070 miles By boats 330 miles
Total
Three thousand two hundred and twenty-seven suspicious cases of hookworm disease found.
MICROSCOPICAL EXAMINATIONS MADE.
Positive 399 Negative 179
Total 578
Inspected 79 white schools; 4 negro schools. Visited 94 towns in 10 counties.
Lectures before public audiences
Total 108

Other work accomplished during the same period:

Two outbreaks of scarlet fever directed.

Four conferences regarding disposal of city sewage.

Two smallpox cases isolated and cared for.

Two epidemics of typhoid fever investigated.

Prevalence of catarrhal and follicular conjunctivitis reported in five schools.

Record of Cases.

Under the plan of the State board of health to pay physicians three dollars for treatment of indigent cases of hookworm disease, 602 cases have, during the year 1910, been paid for.

Conforming to the minimum requirement of the board in the matter of treatment, 67.87 per cent of these 602 cases were cured. Twenty-three cases—3.8 per cent of the series—were also freed of the worms, the treatment progressing beyond the minimum requirement up to four, five, seven, and nine courses of treatment.

It is found that this plan has been taken advantage of by 45 physicians in 23 counties of the State.

The patients so treated were distributed over 78 towns in the 23 counties.

Hookworm Examinations Made in the Bacteriological Laboratories.

1904 to 1908, one laboratory............. 507 specimens 1909, with one laboratory, 248 positive, 397 negative, and 23 unfit for examination.... 668 specimens

In March, 1910, a bacteriological laboratory was established by the State board of health at Tampa, and in July, 1910, an additional laboratory was established in Pensacola, Fla. The central laboratory is located at Jacksonville.

During 1910 the three laboratories examined 16,095 disease specimens of all kinds. Of this number 45 per cent, or 7,402, have been examinations for the hookworm. Fifty-two per cent of the specimens of all kinds received at the Jacksonville laboratory were submitted for examination for hookworms; 28 per cent of the specimens received at the Tampa laboratory were for hookworm examination, and 33 per cent of those received at the Pensacola laboratory were for this examination.

Summary Examinations for Animal Parasites at the Three Laboratories, 1910.

HOOKWORMS.

	Positive.	Negative.	Unfit.	Total.
January	210	151	12	373
February	205	165	2	372
March	446	293	0	739
April	362	262	8	632
May	424	348	19	791
June	309	295	IÍ	615
July	415	311	8	734
August	430	341	8	779
September	454	393	2	849
October	370	221	3	594
November	304	219	0	523
December	224	177	0	401
Total	4,153	3,176	73	7,402
Number of examinati Add to this the examin State officers in the	ations by tw	o assistant (P	ositive, 30	o o
otate officers in the	mera	(14	egative, 17	- 578

Four thousand five hundred and fifty-two, or 61.49 per cent, of the above examinations were positive for hookworms.

The examinations for parasites other than the hookworm were divided as follows:

Amœba coli	2
Ascaris lumbricoides	73
Lamblia intestinalis	ľ
Oxyuris vermicularis	19
Strongyloides intestinalis	8
Tapeworms	95
Trichocephalus dispar	
Unidentified eggs	4
-	
Total	308

Of these 308 specimens, 67 were examined in the field by two assistant State health officers, and 241 were examined by two of the laboratories.

During 1910 the laboratory at Jacksonville has sent out in the State 10,004 containers for submitting specimens for examination for hookworm disease, 12 per cent of which have not been returned.

During 1910 specimens of all kinds were received from 562 physicians in 197 towns, distributed among all of the 47 counties.

During 1910 specimens have been received from 34 towns in which no physician lives. These 34 towns are distributed over 17 counties.

One thousand physicians are licensed to practice in Florida. Specimens of all kinds have been received from a little more than 50 per cent of them.

Results of the Campaign.

An attempt was made to determine the number of cases of hookworm disease treated in five counties which had, six months before, been thoroughly gone over in the cam-

paign by the assistant State health officers. This territory was canvassed again, and every physician interviewed and information obtained as to the number of cases he had treated. It was found that 66 physicians in 24 towns had treated 3,142 cases.

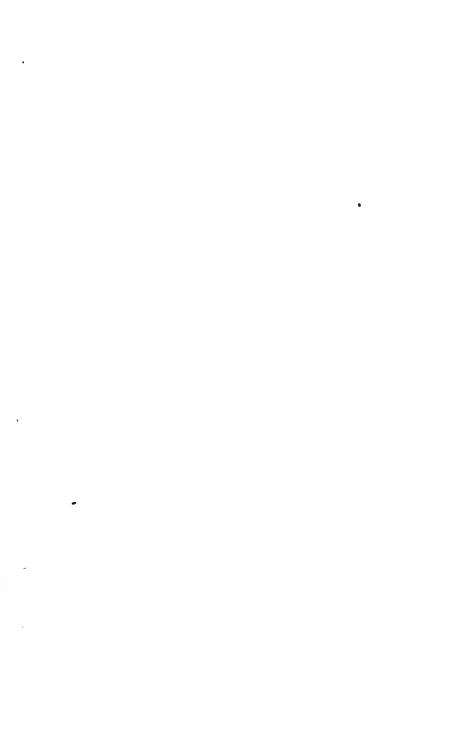
Extending the investigation, it was found that 562 physicians, in 197 towns distributed over the 47 counties, had submitted specimens of all kinds to the laboratories for examination during 1910. Two hundred and one of these physicians in 39 towns did not, however, submit hookworm specimens; but 58 of these 201 physicians, it is known, and who live in 33 towns, are treating hookworm disease. Among these 58 physicians are many of the pioneers in this work, who use their own microscope for diagnostic purposes.

Assuming that the physicians interviewed represent an average, then the 419 physicians, it will be seen, have treated 20,000 cases, 60 per cent of which were cured. This does not account for the other 500 physicians in Florida who have not submitted specimens to the laboratories, but many of whom, if not all, have been treating the disease.

Quite recently a map of Florida was taken, and with the Medical Directory of the American Medical Association and office records of the board as guides, a tack was placed at every town where there is one or more physicians. At such towns as it was known that hookworm disease was being treated, a black-headed tack was placed. At other places a red-headed tack was placed. It is found that the black-headed tacks are far in the ascendency, and that as our information becomes more and more complete the red-headed tacks are often disappearing from the map. It is believed at the present time that there is hardly a physician in the State not treating hookworm disease. This belief is based upon the fact that for the last several months not one such has been encountered, notwithstanding a corps of four or five physicians have been covering the State in all directions.

It may be said at this juncture that the hookworm work in Florida would continue to go on, even though the board took no further part in it; that the hookworm problem will now solve itself, so far as it can be solved; that people in all walks of life, when indisposed from any cause they do not understand, suspect hookworms, and have examinations made accordingly; that hookworm information is now household information, and these things, after all, are the most that can be hoped for in this generation.

It is the intention of the board to continue payment for the treatment of indigent cases and to continue publishing literature on hookworm disease, to continue the educational crusade, but it believes that the great mass of the important work in this direction is behind rather than ahead.



PUBLICATION No. 4

STATE SYSTEMS OF PUBLIC HEALTH IN TWELVE SOUTHERN STATES

WASHINGTON, D. C.
PRESS OF JUDD & DETWEILER, INC.,
1911.

INTRODUCTORY NOTE

Soon after taking up the work of the Rockefeller Sanitary Commission my attention was called to the fact that the work got under way more readily and accomplished results more easily in some States than in others. I became convinced that one important factor entering into this difference in results was difference of effectiveness in the State organization of the public health service. A man can accomplish most when the tools with which he works are adapted to the work which he is doing. This led me to a study of the organization of the public health service in each of these twelve States. The analysis here given was made primarily for my own satisfaction and guidance. A copy of it was sent in manuscript form to each of the State boards of Health. The demand for additional copies has made it seem advisable to print a small edition of it for free distribution.

WICKLIFFE ROSE.

ALABAMA

State System of Public Health

- I. State department of health.
 - 1. State board of health:
 - a. Organized 1873.
 - b. Membership: The entire State medical association.
 - c. Legal qualifications: Must be a licensed physician; member of State and county medical association.
 - d. Term of office: For life or during good standing.
 - e. Powers and duties:*
 - (1) Enforces public health laws.
 - (2) Investigates causes, modes of propagation, means of prevention of endemic, epidemic, infectious and contagious diseases.
 - (3) Investigates influence of localities and employments on health of people.
 - (4) Inspects public buildings, as schools, courthouses, public dairies, slaughter-pens, etc.
 - (5) Inspects water supplies.
 - (6) Regulates sanitation of depots and passenger trains.
 - (7) Has supervision and control over county boards of health.
 - (8) Advises State in all sanitary and medical matters.
 - f. Compensation: Expenses of attendance on meetings.
 - 2. State committee of public health: The Medical Association of Alabama selects ten censors for a term of five years; they retire in groups of two. When organized they constitute a board which acts in three capacities:

^{*} Medical Laws of Alabama, 1909, page 16.

- a. As a Board of Censors.
- b. As a State Board of Examiners.
- c. As a State Committee of Public Health. This State Committee of Public Health is the executive agency corresponding to the State Board of Health in most States. It reports to the State Board of Health.

3. Executive officers:

- a. Chief executive officer:
 - (1) Title: State Health Officer.
 - (2) Appointed: Elected by the State Committee of Public Health, confirmed by the Medical Association.
 - (3) Term of office: Five years.
 - (4) Legal qualifications: Must be member of College of Councilors in State Medical Association. In practice member of committee.
 - (5) Powers and duties: Is executive officer of State Board of Health; supervises local health agencies; executes laws and regulations of board.
 - (6) Compensation: \$5,000 per annum.

b. Assistants:

- (1) Bacteriologist and pathologist: Appointed by board; salary, \$2,500.
- (2) Registrar of vital and mortuary statistics:
 Appointed by board.
- (3) Chief clerk and one stenographer.

4. State laboratory:

- a. Located at Montgomery.
- b. Established 1908.
- c. Value of equipment: \$3,000.
- d. Lines of work regularly pursued: Pathological and bacteriological examination of material from any source in State, including milk and water supplies. Pasteur treatment free.

- e. Staff: State bacteriologist and three assistants.
- f. Expenditures: Records not available.
- 5. Available funds for State health department:
 - a. Source; Appropriation by legislature.
 - b. Total amount for year 1909-1910: \$16,000.
 - Note.—An additional \$20,000 is available for quarantine purposes in case of epidemics.
 - c. How used: For salaries, traveling expenses, printing and office expenses, traveling expenses of State committee of public health, laboratory supplies.

II. Local health organizations.

- I. County organizations:
 - a. Name: County board of health.
 - b. How constituted: County medical society organized under constitution of the State medical association is the county board of health.
 - c. Duties, authorities and powers:
 - (1) Supervises administration of State health laws in county.
 - (2) Investigates cases of endemic, epidemic, infectious and contagious diseases and enforces measures of relief.
 - (3) Abates public nuisances.
 - (4) Supervises sanitation of public buildings.
 - (5) Elects county health officer.
 - (6) Elects health officer for every incorporated city or town in county.
 - (7) Elects physician to attend inmates of county poorhouse and jail and fixes his term of office.
 - (8) Requires annual reports of county and municipal health officers showing all public health work done and giving vital and mortuary statistics.

- (9) Requires county health officer to send State board of health monthly report of births and deaths in county.
- (10) Performs all duties required by law.
- d. Relation to State board of health: Under general supervision and control of State board of health.

e. Executive officers:

- (1) Title: County Health Officer.
- (2) Elected: By county board of health.
- (3) Term of office: Fixed by county board of health.

(4) Duties:

- (a) Keeps register of births; of deaths; of persons attacked by communicable diseases.
- (b) Supervises sanitary conditions of county.
- (c) Investigates and reports outbreaks of communicable diseases.
- (d) Supplies virus and vaccinates indigent persons at expense of county.
- (e) Inspects all county institutions once each month.
- (f) Makes monthly report of births and deaths to State board of health.
- (g) Reports annually to judge of probate and county commissioners all public health and sanitary work done during year, with recommendations.
- (h) Reports promptly to State board of health cases of communicable diseases.
- (i) Reports to county board of health when required.

(5) Compensation: Fixed by county commissioners; minimum salary, \$10 per thousand of population for counties of 10,000 inhabitants or less; decrease of above rate not to exceed 10 cents per thousand of population up to a population of 100,000; beyond this no further decrease. Salaries range from \$200 to \$1,800 a year. Average for all counties, \$500.

2. Municipal organization:

- a. Board of health: The county board of health is the board of health for all incorporated towns and cities in county.
- b. City health officer:
 - (1) Elected by county board of health.
 - (2) Term of office: Fixed by county board of health.
 - (3) Duties: Within his jurisdiction similar to duties of county health officer for county outside municipalities. Reports to county health officer, to mayor and council, to county board of health.
 - (4) Compensation: Fixed by municipal authorities; paid from municipal funds.

III. Medical societies in the State.

- 1. The State medical society:
 - a. Name: Medical Association of Alabama.
 - b. Organized 1847; reorganized 1873.
 - c. Number of members: 1,685.
 - d. Meetings: Annually.
 - e. Attendance at meetings: 350 to 500.
 - f. Official connection with State health department:

 State health department is responsible to

 State medical association and renders a report thereto summarizing its work.
- 2. County medical societies:
 - a. Number: 67; every county in the State organized.

- b. Meetings: Varying from 2 to 54 meetings a year; average for all counties, 6 plus.
- c. Number of members: Varying from 4 to 236; average for all counties, 24 plus.
- d. Efficiency: Of the 67 counties organized, 33 are reported as good, very good, or excellent; 6 as unsatisfactory; the remaining 28 as fair to fairly good.
- 3. City medical societies: Organized and efficient in larger towns and cities.

Note.—No district medical societies in Alabama.

ARKANSAS

State System of Public Health

- I. The State department of health.
 - 1. State board of health:
 - a. Organized 1881.
 - b. Number of members: 6.
 - c. Appointed by the Governor.
 - d. Legal qualifications: All must be physicians; majority must be graduates having at least 7 years' experience.
 - e. Term of office: Two years.
 - f. Duties: Legislative and advisory on public health matters.
 - g. Compensation: None.
 - 2. Executive officers:
 - a. Chief executive officer:
 - (1) Title: Secretary State Board of Health.
 - (2) Appointed: Elected by the board.
 - (3) Term of office: Two years.
 - (4) Legal qualifications: Shall have skill in public health and sanitary service.
 - (5) Duties: Is executive officer of the board; has powers and privileges of a member of board.
 - (6) Compensation: None.
 - b. Assistants: Board may engage suitable persons to render public health services when necessity requires. No one regularly employed.
 - 3. State laboratory: None.
 - 4. Available funds: No available funds for State board of health. State has never made appropriation for public health purposes. The board is not active; has never maintained an office.

II. Local health organizations.

- I. County organizations:
 - a. County board of health.
 - b. How constituted: Three members; appointed by county judge.
 - c. Term of office: Two years.
 - d. Duties: General control of public health. Powers rarely exercised.
 - e. Compensation: None. County judge may in his discretion allow compensation for special services.
 - f. Number in State: Most counties have an organization in form; they rarely function.
- 2. Municipal organizations:
 - a. City board of health: Provided for by city charters.
 - b. How constituted: Each city has its own method. Usually chiefs of departments constitute board of health; city physician chief health officer. In some cases board is appointed by city council; in smaller cities or towns by mayor. Term usually about two years.
 - c. Duties: City boards of health have full powers to control health affairs of the city.
 - d. Compensation: Compensation allowed health officer varies in different cities; in Little Rock he is allowed \$900 a year.

III. Medical societies in State.

- 1. The State medical society:
 - a. Name: Arkansas Medical Society.
 - b. Organized 1874.
 - c. Number of members: 1,000.
 - d. Meetings: Annually in May.
 - e. Attendance at meetings: Average about 350.

- f. Official connection with State board of health:

 None. State society has committee on medical legislation and takes an active interest in laws looking toward the betterment of public health.
- 2. County medical societies:
 - a. Number: 64 (75 counties in State).
 - b. Meetings: Usually monthly. In some counties annually.
 - c. Efficiency: Majority reported as indifferent; few counties doing active scientific work.
- 3. District medical societies: Four in State; reported as active and as having excellent semi-annual programs.
- 4. City medical societies: None.

IV. Other agencies.

- Associations for the prevention and control of tuberculosis.
- 2. A few associations for the prevention of blindness.

FLORIDA

- I. State department of health.
 - I. State board of health:
 - a. Organized 1889.
 - b. Number of members: 3.
 - c. Appointed by the Governor, confirmed by the Senate.
 - d. Legal qualifications: Must be "discreet citizens"; custom has made one a physician.
 - e. Term of office: Four years.
 - f. Powers and duties:
 - (1) To have general supervision of the public health of the State.
 - (2) To make, adopt, promulgate and enforce rules and regulations to provide for sanitation of all vehicles of transportation; of all hotels, schools, factories and buildings open to the public; to provide for proper care of all animals having communicable or infectious diseases; to provide for proper care of all persons suspected of having communicable diseases; to regulate disposition of garbage, sewerage and refuse; to provide for thorough investigation and study of all diseases in State and dissemination of knowledge concerning the same; to supervise and regulate city and county sanitation; and in general provide such measures as may be deemed necessary to preserve the public health.
 - (3) To adopt and enforce quarantine regulations. State board has control of mari-

time and domestic quarantine system of State. No place can operate quarantine without authority from State board. It is made the duty of the Governor to furnish State board means to enforce quarantine regulations.

- (4) To employ a sanitary engineer when necessary and provide for his compensation.
- (5) To acquire, maintain and administer a sanitarium for the treatment of tuberculosis.
- (6) To define and abate all public nuisances.
- (7) To quarantine against infected animals.
- (8) To maintain and administer a bureau of vital and mortuary statistics.
- (9) To require physicians to report immediately cases of yellow fever, smallpox, cholera, diphtheria, leprosy, scarlet fever.
- (10) To elect a State health officer, who serves as the executive officer of the board.
- (11) To report annually to the Governor.

Note.—All rules and regulations of the State board of health have the force of law.

- g. Compensation: \$6 per day of actual service and mileage.
- 2. Executive officers:
 - a. Chief executive officer:
 - (1) Title: Secretary and State Health Officer.
 - (2) Appointed: Elected by the State board of health
 - (3) Term of office: Four years.
 - (4) Legal qualifications: Must be a graduate physician of a reputable medical college; an expert in diagnosis of yellow fever, smallpox, cholera and other infectious diseases; a person of recognized ability in hygiene and sanitary science.

- (5) Duties and powers:
 - (a) Acts as secretary of State board of health.
 - (b) Has executive control of quarantine system of the State.
 - (c) As executive officer of the State board administers and enforces all laws, rules and regulations for the preservation of public health.
 - (d) Employs, with approval of president of the board, persons to serve as county agents, as special agents and to perform such other duties as are necessary for the preservation of public health.
 - (e) Compensation: \$3,000 per year.

b. Assistants:

- (1) Secretary to State Health Officer at salary of \$2,500.
- (2) Veterinarian at salary of \$1,600.
- (3) Two assistants who serve as field agents of the State Health Officer at salary of \$1,800 each.
- (4) Two clerks and office boy.
- (5) Laboratory staff for three laboratories.
- (6) Nineteen county agents.
- (7) Five sanitary patrolmen; one each for Jacksonville, Pensacola, Tampa, Key West, Miami.

3. State laboratories:

- a. Number: 3.
- b. Located: Jacksonville, Tampa, Pensacola.
- c. Established: 1902. 1910. 1910.
- d. For what purposes used: General bacteriological laboratories for examining specimens of suspected diphtheria, tuberculosis, malaria, typhoid, ophthalmia, cancer, etc. Administers Pasteur treatment.

- e. Staff: Laboratory at Jacksonville has a director, three assistants, stenographer and office boy. Laboratory at Tampa has director, one assistant, office boy. Laboratory at Pensacola has a bacteriologist and office boy.
- f. Expenditures: Expenditures for laboratory at Jacksonville for 1909 were \$5,251.42. One assistant and a stenographer has been added to the force of this laboratory since that time.

4. Available funds:

- a. Source: Special tax of a half mill to create a special fund for maintenance of the State Board of Health.
- b. Total annual fund: \$75,000.
- c. For what may funds be used: For preservation of public health. Board given large administrative powers.

II. Local health organizations.

- I. County organizations: None in State. Instead of the usual county board of health, the State Health Officer has a county agent, who represents the State Board of Health in the county.
- 2. City organizations: Jacksonville, Tampa, Pensacola, Key West and Ocala have city boards of health appointed by the city council.

III. Medical societies in the State.

- 1. State Medical Society.
 - a. Name: Florida Medical Association.
 - b. Organized 1873.
 - c. Number of members: 317.
 - d. Attendance at meetings: 56 to 75.
 - e. Official connection with State department of health: None.
- 2. County medical societies: None.
- 3. District medical societies: None.
- 4. City medical societies: None.

GEORGIA

- I. State department of health.
 - 1. State Board of Health:
 - a. Organized 1903.
 - b. Number members: 12.
 - c. Appointed by the Governor.
 - d. Legal qualifications: Must be a legally qualified practicing physician—one from each of the eleven congressional districts; a secretary and director of laboratories who must live in Atlanta.
 - e. Term of office: Six years, retiring in groups of two each year.
 - f. Duties and powers:
 - (t) Has supervision of all matters relating to the preserving of the life and health of the people of the State.
 - (2) Has supreme authority in matters of quarantine and may declare it and enforce it whenever deemed necessary.
 - (3) Makes and enforces reasonable orders for the prevention of the spread of contagious and infectious diseases.
 - (4) Duty to make careful inquiry as to cause of disease, especially when contagious, infectious, epidemic or endemic, and take prompt action to control and suppress it.
 - (5) Duty to collect and preserve record of births and deaths.
 - (6) Shall respond promptly when called upon by State or local government and municipal or township boards of health to investigate and report upon water supply, sewage, disposal of excreta, ventilation of public buildings.

- (7) Does not have power to supersede municipal boards of health where the same are properly maintained, but shall work in harmony with said local boards.
- (8) Has authority to make such reasonable rules and regulations as are deemed necessary by the board to establish, maintain and enforce quarantine.
- (9) Reports annually to the Governor.
 - Nore.—It is made the duty of local boards of health and of the public and municipal officers of the State to enforce the rules and regulations of the State board of health, fine not to exceed \$50 for failure to obey.
- g. Compensation: \$5 per day and expenses for time of actual service.

2. Executive officers:

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- a. Chief executive officer:
 - (1) Title: Secretary and director of laboratories.
 - (2) Appointed: Elected by the board.
 - (3) Term of office: Six years.
 - (4) Duties: Secretary and executive officer of the board when not in session.
 - (5) Compensation: \$2,000 a year.

b. Assistants:

- (1) Assistant director of laboratories: In charge of department for manufacture of diphtheria antitoxin; salary \$2,100 a year.
- (2) Pathologist: In charge of Pasteur department; salary \$1,800 a year.
- (3) Bacteriologist: \$720 a year.
- (4) Chemist: In charge of water analysis for municipalities; salary \$1,200 a year.
- (5) Two assistants for antitoxin department; one assistant for other department; salaries \$300 to \$480 a year.

- (6) Clerical assistants: Two stenographers; compensation \$1,000 and \$360 a year.
- (7) Two janitors at \$480 and \$336 a year.
- 3. The State laboratory:
 - a. Located at Atlanta.
 - b. Established 1903.
 - c. Value of equipment: \$35,000.
 - d. For what used: Free microscopical examination of specimens sent for widal, tubercle bacilli, intestinal parasites, diphtheria, gonococci, malarial parasites, diplococcus, rabies; manufactures tuberculin, diphtheria antitoxin, gives Pasteur treatment, makes water analysis.

e. Staff:

- (1) Director of laboratories.
- (2) Assistant director of laboratories.
- (3) Pathologist.
- (4) Bacteriologist.
- (5) Chemist.
- (6) Three assistants and two janitors.
- f. Expenditures: No regular amount; appropriation made from general fund.
- 4. Funds available for department of health:
 - a. Source: Annual appropriation by legislature.
 - b. Total appropriation for 1909: \$21,500.
 - c. For what used: Salaries, traveling expenses, laboratory expenses, educational work, purchase of vaccine points, manufacture of tuberculin, Pasteur treatment, diphtheria antitoxin and, to a limited extent, quarantine work.

II. Local health organizations.

- 1. County organizations: None.
- 2. Municipal organizations:
 - a. How constituted: As provided by charter of each city or town; usually mayor and one or

two councilmen constitute a health committee and engage services of a physician when needed. Atlanta and Savannah have well organized boards of health maintaining laboratories.

- b. How appointed: Usually by city council.
- c. Term of office: Varies from one to two years, sometimes longer.
- d. Duties: Control of sanitation, infectious and contagious diseases.
- e. Compensation: Salary of health officer reported as "adequate" for Atlanta and Savannah, as "poor" for other cities and towns.

III. Medical societies.

- 1. State medical society:
 - a. Name: Medical Association of Georgia.
 - b. Organized 1849.
 - c. Number of members: About 1,200.
 - d. Meetings: Annual.
 - e. Attendance at meetings: About 350.
 - f. Official connection with State department of health: None.
- 2. County medical societies:
 - a. Number: 83 (145 counties in State).
 - b. Meetings: Monthly.
 - c. Number of members: Estimated about 1,200 as total membership of all societies.
 - d. Efficiency: Reported as "moderate."
- 3. District medical societies: Eleven in State.
- 4. City medical societies: Three.

KENTUCKY

- I. State department of health.
 - 1. State board of health:
 - a. Reorganized 1904.
 - b. Membership: Eight in number; seven appointed by Governor, confirmed by Senate; the eighth elected by the board as its executive officer.
 - c. Legal qualifications: All members legally qualified registered practitioners of the State. One member must be a homeopath, one an osteopath, one eclectic and the others allopathic physicians.
 - d. Term of office: Six years.
 - e. Powers and duties:
 - (1) Has general supervision of health of the citizens of the State.
 - (2) Investigates the causes of diseases, the causes of mortality and the effects of locality, employment, conditions, food, water supply and other circumstances upon the health of the people.
 - (3) Makes sanitary inspection of such localities and places as it deems advisable.
 - (4) Enforces quarantine.
 - (5) Elects its own secretary or executive officer.
 - (6) Elects its president and adopts by-laws for its own government.
 - f. Compensation: Reasonable compensation for time in actual service.
 - 2. Executive officers:
 - a. Chief executive:
 - (1) Title: Secretary.
 - (2) Appointed: Elected by the State board of health

- (3) Term of office: Four years.
- (4) Legal qualifications: Legally qualified practitioner.
- (5) Powers and duties:
 - (a) Shall keep his office at some place centrally located designated by the board.
 - (b) Is custodian of board property and keeps record of its transactions.
 - (c) Corresponds with local boards and boards of other States and keeps on file reports received from these sources.
 - (d) Aids in obtaining contributions for the board's library.
 - (e) Supplies blank forms and instructions to local boards of health.
 - (f) Collects information concerning vital statistics, knowledge respecting diseases and other useful information on subject of hygiene.
 - (g) Disseminates information among the people by means of reports and otherwise.
 - (h) Supplies local boards with reliable vaccine virus for gratuitous vaccinations of the poor.
- (6) Salary: Determined by the State board of health; not to exceed \$1,200 a year.
- 3. State laboratory: An appropriation was made by the last legislature for the establishment of a laboratory.
- 4. Available funds:
 - a. Source: Legislative appropriation.
 - b. Total amount for the year 1909: \$5,000. Printing provided for as in other departments of the public service. Special fund of

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\$10,000 set apart as a contingent fund to prevent cholera or yellow fever. Can be used for no other purpose.

c. For what used: The regular fund of \$5,000 used for salary and expenses of secretary and the expenses of the board.

II. Local health organizations.

- 1. County organizations:
 - a. Name: Local board of health.
 - b. How constituted: Composed of three practicing physicians appointed by the State board of health, the county judge and one person elected by the fiscal court of the county.
 - c. Term of office: Two years.
 - d. Powers and duties:
 - Inaugurates and enforces such regulations as it deems necessary to prevent outbreak and spread of epidemic and communicable diseases.
 - (2) Has power to establish and locate eruption hospital for county.
 - (3) Empowered to enforce quarantine.
 - (4) Enforces rules and regulations of State board of health.
 - (5) Requires physicians to report cases of communicable diseases.
 - (6) Reports to State board of health at least quarterly.
 - (7) Elects county health officer.
 - e. Relation to State board of health: Under general supervision of State board.
 - f. Executive officer: County health officer; elected by county board of health and holds office at its pleasure; salary fixed by the fiscal court.

2. Municipal organizations:

a. Name: City board of health.

- b. How constituted: City council in every city of 10,000 inhabitants must appoint city board of health; six persons, three of whom are competent physicians; hold office three years.
 - In towns of 2,500 to 5,000 population board of trustees or council appoints three persons to constitute board of health.
- c. Executive officer: City or town health officer; elected by city or town board of health; salary fixed by council or trustees.

III. Medical societies.

- 1. State medical society.
 - a. Name: Kentucky State Medical Association.
 - b. Organized 1851.
 - c. Number of members: 2,250.
 - d. Attendance at meetings: 450 to 750.
 - e. Connection with State department of health: For each vacancy on State board of health the State Medical Association nominates three members from whom the Governor appoints one.
- 2. County medical societies:
 - a. Number: 114; 119 counties in the State.
 - b. Meetings: Monthly.
 - c. Number of members: 2,250.
 - d. Efficiency: Reported majority effective.
- 3. District medical societies: Three or four doing effective work.

LOUISIANA

- I. The State department of health.
 - I. State board of health:
 - a. Organized 1898.
 - b. Number of members: 7.
 - c. Appointed by the Governor, confirmed by the Senate.
 - d. Legal qualifications: Must be regularly qualified practitioner.
 - e. Term of office: Seven years, retiring in groups of two and three every two years.
 - f. Powers and duties:
 - (1) Section 3, Act 193 of 1898 instructs the State Board of Health to prepare a sanitary code for the State providing for the regulation of:
 - (a) Land and maritime quarantine.
 - (b) Reporting, care and management of cases of infectious and contagious diseases.
 - (c) Reporting and tabulating vital and mortuary statistics.
 - (d) Vaccination, making it compulsory only for public school children.
 - (e) Carriage and transportation of persons, freight and dead bodies in so far as the same may affect the public health.
 - (f) Food adulteration.
 - (g) Inspection of meats, milk, coal oil and other articles affecting public safety.

- (h) Such health, sanitary and hygienic subjects as cannot be efficiently regulated by local boards. This code is given the force of law.
- (2) Act 98 of 1906 confers on the State board of health the powers:
 - (a) To revise the sanitary code incorporating rules and regulations governing the manufacture, sale and inspection of foods, liquors, waters and drugs.
 - (b) "To further revise and amend said Sanitary Code." These and the further revisions are given the force of law when they have been promulgated in same manner as required by existing law for Sanitary Code.
 - Note.—I. This gives to the State Board of Health full legislative, administrative and executive power.
 - 2. The board meets quarterly, oftener if necessary, for the transaction of business. Three members constitute a quorum.
- g. Compensation: Each member allowed \$10 for each day of service and 5 cents mileage.
- 2. Executive officers:
 - a. Chief executive officer:
 - (1) Title: President State Board of Health.
 - (2) Appointed by the Governor.
 - (3) Term of office: Four years.
 - (4) Legal qualifications: Must be regular practitioner of medicine.
 - (5) Duties: Is executive and administrative officer of the board; has all the powers of the board when it is not in session.

(6) Compensation: \$5,000 per year.

b. Assistants:

- (1) Secretary: Elected by the board; salary \$2,500 per year; custodian of records; edits the bulletin; acts in absence of the President.
- (2) Medical Inspector: Elected by the board; salary about \$3,000; has supervision of infectious diseases.
- (3) Food Commissioner: Elected by the board; salary \$2,500 a year; administers Pure Foods and Drugs Law.
- (4) State Analyst: Elected by the board; salary \$2,000 a year.
- (5) Four food and drug inspectors; salaries \$1,200, \$1,200, \$1,000, and \$900.
- (6) Bookkeeper and recorder: Salary \$2,400 a year.
- (7) State Bacteriologist: \$1,000 a year.
- (8) Assistant medical inspector: Salary \$900 a vear.
- (9) Two stenographers: Salaries \$900 and \$700 a year.
- (10) Janitor: \$720 a year.

3. State laboratory:

- a. Located at New Orleans.
- b. Established 1908.
- c. Value of equipment: \$4,000.
- d. For what used: Free diagnosis of specimens from cases of typhoid, tuberculosis, diphtheria, malaria and hookworm. Special problems of water and food, including milk.

e. Staff:

- (1) Bacteriologist.
- (2) Analyst.
- f. Expenditures: No definite amount; expenses paid from general fund.

- 4. Available funds for State department of health:
 - a. Source: Legislative appropriations made biennially.
 - b. Total amount for 1909: \$25,000.
 - c. For what used: Salaries, traveling expenses, laboratory, educational work, general health measures.

II. Local health organizations.

- 1. Parish organizations:
 - a. Parish board of health. Created by act of Legislature 1898. Composed of three members elected by the police jury, two members of which are members of the police jury and one is practicing physician who is the health officer. For Shreveport and Baton Rouge the Governor appoints two members of board.
 - b. Term of office: Four years.
 - c. Powers and duties:
 - (1) Has general control of public health matters in parish.
 - (2) Has power to make rules and regulations for the protection of public health in the parish. These rules and regulations have the force of law.
 - (3) Is under the general supervision of State
 Board of Health; must conform to its
 rules and regulations and co-operate in
 executing them.
 - d. Compensation: Compensation of health officer fixed by police jury of parish; usually \$150 a year; some parishes allow extra compensation for special services.
 - e. Number in State: 60. One in each parish in the State.
- 2 Municipal organizations:

- a. City or town board of health: Prescribed by legislative enactment that the board shall be composed of five members, three of which shall be practicing physicians.
- b. How appointed: Elected by the council or legislative body of the city or town. For Shreveport and Baton Rouge the Governor appoints three of the five members.
- c. Term of office: Four years.
- d. Duties: Same as for parish boards; have full powers, legislative and administrative, to control health officers of town or city; State board supreme.
- e. Compensation: None.
- f. Executive officer:
 - (1) Title: Health officer.
 - (2) Appointed: Elected by the city or town board of health.
 - (3) Term of office: Four years.
 - (4) Legal qualifications: Must be a duly registered and licensed physician.
 - (5) Duties: Is president of board; is executive officer of the board.
 - (6) Compensation: Fixed by municipality. In New Orleans, \$5,000; in Shreveport, \$2,100; in Alexandria, \$1,500; in other towns averaging about \$150 per year.
- g. Number: One in practically every town having a population of over 500.

III. Medical societies.

- 1. The State medical society:
 - a. Name: Louisiana State Medical Society.
 - b. Organized 1878.
 - c. Number of members: 1,153.
 - d. Meetings: Yearly.
 - e. Attendance at meetings: Average about 350.
 - f. Official connection with State department of health: None.

- 2. Parish medical societies:
 - a. Number: 41 out of a total of 60 parishes.
 - b. Meetings: Quarterly with two exceptions. In New Orleans parish, society meets bimonthly; in Shreveport monthly.
 - c. Membership: Total membership about 1,000.
 - d. Efficiency: In large cities good; in small towns indifferent.
- 3. District medical societies: None; plans are being made for organizing them.
- 4. City medical societies: None; parish societies include cities.

IV. Other agencies.

- 1. Anti-tuberculosis leagues.
- 2. School improvement leagues.
- 3. Civic improvement leagues.
- 4. Public play-grounds associations.

MISSISSIPPI

- I. State department of health.
 - I. State board of health:
 - a. Organized 1904.
 - b. Members: Thirteen.
 - c. Appointed by the Governor; one from each of the eight congressional districts; five from the State at large on nomination of State medical association.
 - d. Legal qualifications: Must be a physician of skill.
 - e. Term of office: Four years; term expires with Governor who appointed him.
 - f. Powers and duties:
 - (1) To supervise the health interests of the people of the State.
 - (2) To investigate the causes and means of prevention of endemic and epidemic diseases; the causes of mortality and the effect of localities, habits, employments and conditions upon public health.
 - (3) To investigate the sanitary condition of schools, prisons, public institutions, railroad and street cars and all places of public resort and to prescribe sanitary regulations for them.
 - (4) To require of county health officers, municipal boards of health, physicians, managers of schools, prisons, places of public resort such sanitary information as may be useful.
 - (5) To advise the State and all local governments on all hygienic matters.

- (6) To make and publish reasonable rules and regulations necessary to carry out the purposes of its creation; rules and regulations to be enforced by the county health officer in each county under the supervision and control of the State board of health.
- (7) To appoint county health officers and to remove same.
- (8) To prescribe and enforce quarantine regulations.
- g. Compensation: \$3 a day of actual service and expenses.

2. Executive officers:

a. Executive committee: Appointed by the board; composed of three of its own members; chairman designated by board; has authority to exercise all powers vested in the board.

b. Chief executive officer:

- (1) Title: Secretary State Board of Health.
- (2) Appointed by the board.
- (3) Term of office: Four years.
- (4) Legal qualifications: A skilled and licensed physician.
- (5) Duties: Executive officer of board; chairman of executive committee.
- (6) Compensation: \$500 a year.

c. Assistants:

- (1) Bacteriologist: Salary \$1,500 a year.
- (2) Stenographer: \$60 per month.
- (3) Office boy.

3. State laboratory:

- a. Located at Jackson.
- b. Established October 1, 1910.
- c. Value of equipment: \$2,000.

- d. For what used: Free diagnosis of specimens sent by physicians to determine typhoid, hookworm disease, tuberculosis, malaria, diphtheria; examination of water and milk.
- e. Staff: Bacteriologist and office boy.
- f. Expenditures: No definite amount; paid from general fund.
- 4. Available funds:
 - a. Source: Annual legislative appropriations.
 - b. Total available for past year: \$8,000.
 - c. For what used: Salaries, educational work, general health measures.

II. Local health organizations.

- County organizations: County health officer appointed by State board.
- 2. Municipal organizations:
 - a. How constituted: City health officer.
 - b. Appointed by board of aldermen or elected by the people.
 - c. Term of office: Two or four years.
 - d. Duties: Has control of sanitary affairs of city.
 - e. Compensation: Highest salary paid is \$1,200 a year.

III. Medical societies.

- 1. State medical society:
 - a. Name: State Medical Association.
 - b. Organized ——.
 - c. Number of members: About 1,100 (1,900 physicians in State).
 - d. Meetings: Annual.
 - e. Attendance at meetings: 300 to 400.
 - f. Official connection with State department of health: None.
- 2. County medical societies:
 - a. Number in State: About 35.
 - b. Meetings: Monthly, quarterly or annually.

- c. Efficiency: Some doing excellent work; others barely exist.
- 3. District medical societies: Several in the State; are doing the best work.
- 4. City medical societies: None.

IV. Other agencies.

- 1. Health leagues.
- 2. Civic associations.
- 3. Improvement associations.

NORTH CAROLINA

- I. The State department of health.
 - 1. State board of health:
 - a. Organized 1879.
 - b. Number of members: 9.
 - c. Appointed: Five by the Governor; four elected by the State Medical Society.
 - d. Legal qualifications: The four elected by the Medical Society shall be members of that society; of the five appointed by the Governor one must be a sanitary engineer.
 - e. Term of office: Six years; retire in groups of three.
 - f. Powers and duties:
 - (1) To take cognizance of the health interests of the people of the State.
 - (2) To investigate the sources of mortality, the effect of locations, employments and conditions upon the public health.
 - (3) To distribute information among the people about preventable diseases.
 - (4) To be the medical advisors of the State, to inspect the location, sanitary construction and management of all State institutions and to direct the attention of the State to such sanitary matters as in their judgment affect the industries, prosperity, health and lives of the people of the State.
 - (5) In times of epidemics of smallpox, yellow fever, typhoid fever, diphtheria, typhus fever, cholera, the State board shall have sanitary jurisdiction over all cities and

towns not having regularly organized local boards of health and has the power to make such regulations as it may deem necessary to protect the public health.

- (6) To inquire into any outbreaks of disease; to disseminate freely such advice as may be necessary to prevent or check diseases dangerous to public health.
- (7) Compensation: \$4 per day of actual service and traveling expenses.

Note.—Board has executive committee composed of the President, the engineer member of the board and one other member of the board elected; the executive committee has such powers and duties as may be assigned to it by the board.

2. Executive officers:

- a. Chief executive officer:
 - (1) Title: State Health Officer.
 - (2) Appointed by the State board of health.
 - (3) Term of office: Six years.
 - (4) Qualifications: Must be a registered physician.
 - (3) Duties: Is executive officer of the board; is secretary and treasurer of the board.
 - (6) Compensation: \$3,000 per year and traveling expenses.

b. Assistants:

- (1) Director of State Laboratory of Hygiene; nominated by secretary and appointed by the board; salary \$2,500 a year.
- (2) Clerk; keeps the accounts and supervises reports; salary \$900 a year.
- (3) One stenographer for half time at \$300 a year.

- 3. The State laboratory:
 - a. Located at Raleigh.
 - b. Established 1905.
 - c. Value of equipment: \$3,000.
 - d. For what used: To make monthly analysis of all public water supplies; to make special analysis where danger threatens from either public or private water supplies; to examine specimens for tuberculosis, diphtheria, malaria, hookworm; to administer Pasteur treatment and distribute diphtheria antitoxin.
 - e. Staff: Director, chemist, assistant, stenographer, janitor.
 - f. Expenditures: About \$6,500 a year.
- 4. Available funds for work of department of health:
 - a. Source:
 - (1) Legislative appropriation: \$8,500.
 - (2) Revenue from special tax on public water supplies and fees for Pasteur treatment: About \$4,000.
 - (3) Total funds for 1909: About \$12,500.
 - (4) For what funds may be used: Salaries, office and traveling expenses, laboratories, educational work.
- II. Local health organizations.
 - 1. County organizations:
 - a. Auxiliary board: Composed of all registered physicians resident in county; at the call of the chairman of the county board of supervisors is expected to advise the county authorities on all matters of public health. Reported to be ineffective.
 - b. County sanitary committee:
 - (1) How constituted: Composed of the board of county commissioners together with two physicians, one selected by the chairman of the county board of commission-

ers and one by the mayor of the county town. The chairman of the county board of commissioners is ex officio chairman of the county sanitary committee. Term of office is coterminous with that of the commissioners with whom they serve; and when on duty they receive same compensation as county commissioners.

(2) Duties: Shall have the immediate care and responsibilities of the health interests of the county. Make such rules and regulations, pay such fees and salaries and impose such penalties as they deem necessary to protect and advance public health. Rules and regulations have the force of law.

c. County superintendent of health:

- (1) Elected by the county sanitary committee. In case of failure on part of county sanitary committee to elect, State board of health appoints.
- (2) Term of office: Two years.
- (3) Qualifications: Must be a registered physician in good standing, resident in county.

(4) Duties:

- (a) To carry out as far as possible such work as may be directed by the county sanitary committee and the State board of health.
- (b) To have control of inland quarantine disinfections, abatement of nuisances and general sanitary supervision of the county.
- (c) To make medico-legal post-mortem examinations for coroners' inquests, attend inmates of county home for the aged and infirm, jail, convict camp.

- (d) To report to secretary of State board of health vital statistics, outbreaks of contagious diseases; reports contagious diseases to school authorities.
- (5) Compensation: From \$20 to \$2,000 a year; sometimes paid fees; usually inadequate.
- 2. Municipal organizations:
 - a. City or town board of health: Usually appointed by board of aldermen; board elects municipal health officer. In many cities county superintendent performs duties of city health officer.
 - b. Term of office: Variable; from two to four years.
 - c. Duties: Administers quarantine, disinfection, vaccination, removal of nuisances and signs death certificates in certain cases.
 - d. Compensation: Compensation of municipal health officer variable; reported as being uniformly inadequate; officer frequently without special training, makes living by practice; health work a "side line."

III. Medical societies.

- 1. State Medical Society:
 - a. Name: The North Carolina Medical Society.
 - b. Organized about 1856.
 - c. Number of members: About 1,500 (3,000 physicians in State).
 - d. Meetings: Annual.
 - e. Attendance at meetings: 300 to 500.
 - f. Official connection with State department of health: Elects four of the nine members of the State board of health.
- 2. County medical societies:
 - a. Number: About 50.
 - b. Meetings: Usually monthly.
 - c. Number of members: Variable; from 6 to 67.

- d. Efficiency: Reported as "some doing good work, many doing nothing."
- 3. City medical societies: Most cities of the State reported as having active and efficient medical societies.
- 4. District medical societies: Ten. About eight of these meet regularly and are effective.

IV. Other agencies.

- I. Health leagues in many cities.
- 2. Betterment associations for the improvement of rural schools.

SOUTH CAROLINA

- I. The State department of health.
 - 1. State board of health:
 - a. Organized 1878.
 - b. Membership: The South Carolina Medical Association is the State board of health. The Executive Committee consists of one physician from each congressional district (seven in number); the Comptroller and Attorney General of the State; one member of the Pharmaceutical Association.
 - c. Appointed: Of the Executive Committee the Comptroller and Attorney General are members ex officio; one physician from each of the seven congressional districts is appointed by the Governor on recommendation of State board of health (South Carolina Medical Association); the pharmaceutical member is appointed by the Governor on recommendation of Pharmaceutical Association.
 - d. Term of office: Of appointed members, 7 years.
 - e. Powers and duties:
 - (1) Is invested with all the rights and charged with all the duties pertaining to organizations of like character.
 - (2) Is sole adviser of State in all questions involving protection of public health.
 - (3) Investigates causes, character and means of preventing such epidemic and endemic diseases as the State is liable to suffer from.

- (4) Supervises quarantine systems of State; and with advice and consent of Governor has authority to establish and maintain quarantine by land and by sea.
- (5) Investigates influence of climate, location, occupations, habits, drainage, scavengering, water supply, heating and ventilation.
- (6) Inspects sanitary condition of all institutions supported at public expense.
- (7) Is authorized to provide and maintain a system for registration of vital statistics.
- (8) Enforces vaccination.
- (9) Co-operates with Federal Government and other States in establishing interstate quarantine lines and enforcing rules and regulations for protection of live stock industry of State.
- (10) Executive Committee reports to State board and State board reports to Legislature.
- (II) Exercises full power of supervision over local public health agencies.
- (12) Enforces Pure Food and Drugs Law. Special appropriation of \$1,000 for this purpose.
- (13) Administers law to secure pure water. All water companies, whether owned by private individuals, corporations or municipalities, are required to have water analyzed periodically at own expense by chemist and bacteriologist approved by State board of health.
- (14) Is authorized and empowered to divide the State into health districts and in those districts in which no boards of health exist to appoint sub-boards of health, which shall consist of two practicing physicians and one layman.

f. Compensation: Five dollars a day to members of Executive Committee for each day of actual service and ten cents per mile of travel.

2. Executive officers:

- a. Chief executive officer:
 - (1) Title: Secretary and State Health Officer.
 - (2) Appointed by Governor upon recommendation of Executive Committee.
 - (3) Term of office: At the pleasure of Executive Committee.
 - (4) Legal qualifications: Must be graduate of a regular reputable medical college, a physician skilled in hygiene and sanitary science; gives bond of \$2,000.
 - (5) Duties: Is secretary and executive officer of State board of health. Has all powers of board and Executive Committee when they are not in session.
 - (6) Compensation: \$2,500 a year and traveling expenses not to exceed \$1,000.

b. Assistants:

- (1) Director of laboratory of State board of health: Appointed by Executive Committee on nomination of secretary; salary \$2,000.
- (2) Bacteriologist and chemist: Appointed as above; salary about \$1,500.
- (3) Clerical assistants: Two stenographers; salaries \$600 and \$300 per year respectively.

3. State laboratory:

- a. Located at Columbia.
- b. Established July, 1909.
- c. Value of equipment: \$3,000.
- d. Regular work: Free examinations of specimens or cases of communicable diseases;

manufactures virus; administers Pasteur treatment.

- e. Staff: Director of laboratory, stenographer, janitor.
- f. Expenditures: Paid out of general fund.

4. Available funds:

- a. Source: Appropriation annually by Legislature.
- b. Total appropriations for year 1909: Regular appropriation \$17,000; permission to exceed this limit by \$7,000 if necessary.

 The whole \$24,000 was used.
- c. For what used: Funds may be used for all purposes deemed necessary by State board of health.

II. Local health organizations.

- 1. County organizations: None.
- 2. Municipal organizations:
 - a. City board of health; required by law in all incorporated towns and cities.
 - b. How constituted: Composed of five members in towns of 5,000 population or less; for towns and cities of over 5,000 population, of ten members; must not be members of council; one at least must be a physician.
 - c. Appointed: Appointed by mayor or intendant by and with the consent of the council.
 - d. Term of office: Five years, one member retiring each year.
 - e. Compensation: None.

f. Duties:

- (1) Takes all necessary steps to control communicable diseases.
- (2) Inspects schools and public buildings; has authority to regulate sanitary conditions of same.
- (3) Full power to remove all unsanitary conditions prejudicial to public health.

- (4) Makes rules and regulations, which, when approved by city council, have force of law.
- (5) Co-operates in enforcement of State public health laws.
- (6) Reports to Executive Committee of State board of health.
- g. City health officer: Elected by city board of health; salary fixed by board, ratified by council; is executive officer of the board.
- h. Number of municipal organizations in the State: About 150.

III. Medical societies.

- 1. State medical society:
 - a. Name: South Carolina Medical Association.
 - b. Organized 1848.
 - c. Number of members: 740.
 - d. Meetings: Annually.
 - e. Attendance at meetings: Last meeting, 211.
 - f. Official connection with State board of health: Is the State board of health.
- 2. County medical societies:
 - a. Number: 39 (43 counties in State).
 - b. Meetings: Monthly, bi-monthly and quarterly.
 - c. Number of members: 17 to 85 per cent of physicians in county.
 - d. Efficiency: Reported as variable.
- 3. District medical societies: Five.
- 4. City medical societies: Five.

IV. Other agencies.

- 1. Federation of women's clubs.
- 2. County anti-tuberculosis leagues.
- 3. Health leagues in cities.
- 4. Civic improvement leagues.
- 5. State Charity Association.
- 6. Nurses' Association.

TENNESSEE

- I. The State department of health.
 - 1. State board of health.
 - a. Organized: Established 1877; reorganized 1897.
 - b. Number of members: 4.
 - c. Appointed: Three physicians appointed by Governor; Commissioner of Agriculture, exofficio member.
 - d. Legal qualifications: See above.
 - e. Term of office: Six years; Commissioner of Agriculture during his term of office.
 - f. Duties and powers:
 - (1) Has general supervision of health of people of State.
 - (2) Administers public health laws.
 - (3) Establishes and maintains quarantines when necessary.
 - (4) Supervises heating, ventilation and sanitation of public institutions and buildings.
 - (5) Administers by specific legislation Food and Drug Adulteration Act.
 - (6) Restricts and prevents contagious diseases.
 - (7) By special legislation administers Anti-spit Law for prevention of tuberculosis.
 - g. Compensation: \$10 per diem while engaged in actual service of board with traveling expenses.
 - 2. Executive officers:
 - a. Chief executive officer:
 - (1) Title: Secretary.
 - (2) Appointed: Elected by State board of health.
 - (3) Term of office: Five years.

- (4) Legal qualifications: Must be a regular physician of skill and experience; bond of \$10,000.
- (5) Duties: Charged with the execution and enforcement of orders, rules and regulations promulgated by the board of health and the administration of all public health laws.
- (6) Compensation: \$2,400 per annum and traveling expenses.

b. Assistants:

- (1) Clerk of board.
- (2) Pure Food and Drugs Inspector provided for by specific statute.
- (3) One stenographer.
- (4) Special assistants employed by board when needed.
- 3. State laboratory: None.
- 4. Available funds for work of department:
 - a. Source: Legislative appropriation biennial.
 - b. Total budget for 1910.

OFFICE OF STATE BOARD OF HEALTH:

Salary of Secretary of the board	\$2,400
Salary of clerk	со8, 1
Salary of stenographer	900
Office expenses, stamps, telegraphing,	
telephoning, expressage, blanks,	
printing and stationery	500
Prevention and suppression of human epi-	
demic diseases, to be used upon	
approval of the Governor	5,000
FOOD AND DRUGS INSPECTOR*	
Salary of Pure Food and Drugs Inspector	\$2,500
Laboratory expenses, such as chemicals,	
renewals of apparatus, gas, wa-	

^{*} Note.—Food and Drugs Inspector is appointed by the Governor. The Department of Food and Drug Inspection is under the supervision of the State Board of Health.

For chen	nist.						\$1,800
Amount	for	purpose	of	samples	to	be	
	anal	yzed					1,200

Total available fund for all purposes.. \$16,600

c. For what funds may be used: "Regular Fund" for printing, stationery, postage, telegrams, telephone, current expenses of meeting of board. "Epidemic Fund" for control and prevention of human epidemic diseases.

II. Local health organizations.

- 1. County organizations:
 - a. Name: County Board of Health. Provided for in Act of 1885.
 - b. How constituted: Chairman, Judge of County Court. County Court Judge and County Court Clerk are ex-officio members of County Board of Health. County Court elects as a third member a competent physician, who is county health officer.
 - c. Duties: Has general supervision of health conditions in county. Enforces rules and regulations promulgated by State board of health.
 - d. Executive officer:
 - (1) Title: County Health Officer.
 - (2) Appointed: Elected by County Court.
 - (3) Term of office: Four years.
 - (4) Duties: Is executive officer of county board and has general supervision of health conditions of county.
 - (5) Compensation: Fixed by County Court.
 - e. Number in State: One in each of the 96 counties of the State.

2. City organizations:

- a. City board of health: All cities and towns having a population of 5,000 or over are authorized to organize boards of health under Act of 1879.
- b. How constituted: Each city has its own method.

 In Nashville, board of health composed of three physicians appointed by mayor.

 City health officer elected by city board of health. Salary of health officer \$2,500 per year. Members of board serve without compensation. City of Nashville has bacteriological laboratory, milk and dairy inspection. City of Knoxville has board of health and city health officer, laboratory and milk inspection.
 - c. Number of city and town health organizations in State: Twenty-one.

III. Medical societies in State.

- 1. State medical society:
 - a. Name: Tennessee State Medical Association.
 - b. Organized 1830.
 - c. Number of members: 1,400.
 - d. Meetings: One annually.
 - e. Attendance: 200 to 300.
 - f. Official relation to State health department: None.
- 2. County medical societies:
 - a. Number: 67. There are 96 counties in State.
 - b. Meetings: Some weekly; some bi-monthly; some monthly; some not at all.
 - c. Number of members: In the 67 societies. 1.400.

 Average membership 21.
 - d. Efficiency: Varying from complete inactivity to a very high degree of efficiency.
- 3. District medical societies:
 - a. Number: Four—the Upper Cumberland, the East Tennessee, the Middle Tennessee and the West Tennessee societies.

- b. Relation to State and county societies: No affiliation.
- c. Efficiency: All very efficient bodies.
- 4. City medical societies: In the counties in which large cities are located the city societies and county societies are identical and have weekly meetings.

IV. Other agencies.

- 1. Anti-tuberculosis leagues in various cities.
- 2. Civic improvement leagues.
- 3. School improvement associations which give attention to sanitary conditions at public schools.

TEXAS

State System of Public Health

- I. State department of health.
 - 1. State board of health:
 - a. Organized —; reorganized 1909.
 - b. Number of members: Seven.
 - c. Appointed by the Governor.
 - d. Legal qualifications: Legally qualified practicing physician; graduate of reputable medical college; ten years' experience in practice of medicine.
 - e. Term of office: Two years.
 - f. Duties and powers:
 - (1) To have general supervision and control of all matters pertaining to the health of the citizens of the State.
 - (2) To make study of the causes and prevention of infectious and contagious diseases within the State.
 - (3) To have direction and control of quarantine.
 - (4) Is given power to prepare a Sanitary Code for Texas, which, when made, adopted, approved by the Governor, published and promulgated, shall have the force of law in all respects as far as relates to the following subjects:
 - (a) The management of quarantine and disinfection with respect to all contagious and infectious diseases.
 - (b) The government of quarantine and disinfection of all pestilential diseases, such as cholera, leprosy, bubonic plague, typhus and yellow fever.

- (c) Inspection, sanitation and disinfection of public carriers, places of public resort; the regulation of water, ventilation and heat in all such places.
- (d) Governing the reporting by physicians and health officers of the presence in any locality of all contagious and infectious diseases.
- (e) The collecting of vital and mortuary statistics.
- (f) Governing transportation of dead bodies.
- (5) To prepare an advisory supplement to such Sanitary Code containing rules and regulations on the following subjects:
 - (a) Fixing standard for disinfectants.
 - (b) Sanitary disposition of sewage.
 - (c) Interment and disinterment of dead bodies.
 - (d) Inspection of animals to be used for food products.
 - (e) The sanitary condition of slaughter-houses, meat-markets, dairies.
 - (f) Sanitation of public buildings.
 - (g) Sanitation of all food-markets and methods of marketing foods.
 - Note.—This advisory supplement is given the authority of law in cities and towns when adopted by majority vote of city council; and adoption by majority vote of commissioners' court gives it force of law in county outside of cities and towns.
- (6) Is given power to revise and amend Sanitary Code. Code and revisions have full force of law, with penalties attached.

- (7) The board and its members given full power to enforce public health measures.
- g. Compensation: Ten dollars per day of actual service and 3 cents mileage.

2. Executive officers:

- a. Chief executive officer:
 - (1) Title: State Health Officer.
 - (2) Appointed by the Governor, confirmed by the Senate.
 - (3) Term of office: Two years.
 - (4) Legal qualifications: Legally qualified graduate of reputable medical college; skilled in public sanitation; ten years' experience in practice.
 - (5) Duties: President and executive officer of the board.
 - (6) Compensation: \$2,500 a year and traveling expenses.

b. Assistants:

- (1) Assistant health officer: Appointed by President of board with approval of the Governor; salary \$2,400 a year. (Office vacant at present for lack of funds.)
- (2) Registrar of vital statistics: Secretary of board; appointed by President of board with approval of the Governor; salary \$1,800 a year.
- (3) Chemist and bacteriologist: Must be learned in chemistry, pathology and bacteriology: appointed by the President of the board with approval of the Governor; salary \$1,800 a year. (Office vacant at present for lack of funds,)
- (4) Inspector: To act as sanitary inspector; appointed by President of board; salary \$1,800 a year. (Office vacant at present for lack of funds.)

- (5) Stenographer and bookkeeper: Salary \$1,200 a year. Appointed as above.
- 3. State laboratory: Provision made for laboratory, but it has not been opened on account of the lack of funds.

4. Available funds:

- a. Source: Legislative appropriation.
- b. Total for last year, \$48,195.
- c. For what used: \$12,000 of the appropriation is known as the general maintenance fund and can be used for general sanitary purposes. Remainder of fund is consumed in coast and border quarantine.

II. Local health organizations.

- 1. County organizations:
 - a. How constituted: County health officer appointed by county Board of Commissioners.
 - b. Term of office: Two years.
 - c. Duties: Has charge of all public health matters in county outside of incorporated towns and cities. Under general supervision of State board of health.
 - d. Compensation: Fixed by Commissioners; average about \$300 to \$400 a year.
 - c. Number in State: About 230.
- 2. Municipal organizations:
 - a. How constituted: City health officer appointed by city council; if city council neglects or refuses, then by State board.
 - b. Term of office: Two years.
 - c. Duties: Has charge of all public health matters in city under general supervision of State board.
 - d. Compensation: Fixed by city council; in larger cities about \$2,500 a year.
 - c. Number in State: About 280.

III. Medical societies.

- 1. State medical society:
 - a. Name: State Medical Association of Texas.
 - b. Organized 1868.
 - c. Number of members: About 3,300.
 - d. Meetings: Annually in May.
 - e. Attendance at meetings: 500 to 800.
 - f. Official connection with State department of health: None.
- 2. County medical societies:
 - a. Number: About 200.
 - b. Meetings: Bi-monthly to semi-annually.
 - c. Members: Variable.
 - d. Efficiency: From very good to mere existence.
- District medical societies: 15 districts in State; practically all have societies; six of these in good condition.
- 4. City medical societies: None.

IV. Other agencies.

- 1. Civic leagues.
- 2. Women's clubs.

VIRGINIA

State System of Public Health

- I. State department of health.
 - I. State board of health:
 - a. Organized ---; reorganized 1908.
 - b. Members: Twelve.
 - c. Appointed by the Governor.
 - d. Legal qualifications: Must be a member of State medical association; one physician from each of the ten congressional districts of the State and two physicians from the city of Richmond.
 - e. Term of office: Four years, retiring in groups of three.
 - f. Powers and duties:
 - (1) To establish and maintain in city of Richmond suitable laboratories for examination of clinical material.
 - (2) To make research and studies of epidemics of infectious diseases and of methods of preventing and curing diseases.
 - (3) To establish and maintain at suitable place State sanitarium for treatment of tuberculosis.
 - (4) Is given power to make and promulgate rules and regulations for the protection of the public health of the State. These rules and regulations have the force of law with penalty for violation or refusal to obey.
 - Note.—The State board is thus clothed with all power needed.
 - g. Compensation: \$8 per day of actual service and 10 cents mileage.

2. Executive officers:

- a. Chief executive officer:
 - (1) Title: State Health Commissioner.
 - (2) Appointed by the Governor.
 - (3) Term of office: Four years.
 - (4) Legal qualifications: Shall be a physician skilled in bacteriology and sanitary science.
 - (5) Duties: Executive officer of the State; has all the powers of the board when it is not in session.
 - (6) Compensation: \$3,500 a year.

b. Assistants:

- (1) Assistant Commissioner: Appointed by Commissioner; term four years; has charge of contagious and infectious discase work; looks after the bulletin; acts in absence of Commissioner.
- (2) Bacteriologist: Appointed by Commissioner; term of four years; has charge of laboratory; salary \$2,500.
- (3) Clerk: Appointed by Commissioner; salary \$1,200; detailed for duty at sanitarium.
- (4) Two clerks: One a stenographer, at \$600; janitor at \$320, who aids in laboratory.

3 State laboratory:

- a. Located at Richmond.
- b. Established 1908.
- c. Value of equipment: \$3,500.
- d. For what used: Free diagnosis of specimens submitted by physicians from cases of typhoid, tuberculosis, diphtheria, malaria. hookworm, special problems of water, foods and sewage.
- e. Staff: Bacteriologist and janitor.
 - Note.—The Pasteur Institute of Virginia is located in same building. This is a private

institution; makes diagnosis for rabies free.

- f. Expenditures: No regular amount; funds are supplied as needed from general funds of department.
- 4. Available funds:
 - a. Source: Legislative appropriations; made biennially.
 - b. Total amount for 1909: \$40,000.
 - c. For what used: Salaries, traveling, laboratory, educational work, purchase and maintenance of sanitarium for tuberculosis, general health measures.
- II. Local health organizations.
 - 1. County organizations:
 - a. Name: County Board of Health.
 - b. How constituted: Five members; chairman of the Board of Supervisors is chairman of the board of health; clerk of the County Court is ex officio a member; three physicians are appointed by the judge of the Circuit Court; one of these three is selected secretary and executive officer. No term specified.
 - c. Executive officer: Elected by board from its own membership; term of 2 years; executive officer of board; compensation fixed by board with consent of Board of Supervisors.
 - Note.—Usually no regular compensation, but allowances for special services.
 - d. Powers and duties: Has general charge of sanitary officers of county; has control of prevention and eradication of contagious and infectious diseases, removal and quarantine of suspects; provides for com-

pulsory vaccination; power to adopt and enforce such rules and regulations as are necessary to effect these ends.

- Note.—I. Powers limited by absence of penalties.
 - 2. When county authorities fail to create health organization for county, State board of health may exercise the authority and appoint health officer.

2. Municipal organization:

- a. How constituted: Varies according to charters of cities; usually city or town board of health with one member acting as health officer.
- Appointed: Board usually appointed by city council.
- c. Term of office: Varying from two to four years.
- d. Duties: Usually have full power to control sanitary affairs of municipality.
- e. Compensation: Varies; usually very small; paid to physician who devotes his time to private practice. Richmond and Norfolk have active, efficient departments of health.

III. Medical societies.

- 1. State Medical Society:
 - a. Name: Medical Society of Virginia.
 - b. Organized ——.
 - c. Number of members: About 1,300 (2,000 physicians in State).
 - d. Meetings: Annually.
 - e. Attendance at meetings: Usually from 300 to 500.
 - f. Official connection with State department of health: None. Unofficial relations intimate and cordial.
- 2. County medical societies:
 - a. Number: Sixteen (one hundred counties in State).
 - b. Meetings: Usually monthly.

- c. Numbers of members: Vary widely.
- d. Efficiency: Some reported doing excellent work, some as almost defunct.
- 3. District societies: District medical societies embrace practically the whole State; reported that most of them are in healthy condition.
- 4. City medical societies: Practically every city in the State has a thriving medical society; those in the larger cities are very influential.

IV. Other agencies.

- 1. Health leagues in many cities.
- Civic improvement leagues in many cities; neighborhood improvement leagues in some counties.

1.—Organization and Constitution of State Board of Health.

	When organ- ized.	Number of members	How appointed.	Legal qualifications.	Term of office.	Does State board elect health officer?	Authority of sanitary code.	Powers over local health organizations.
Alabama	1873	#01	Elected by medical association.	Members of medical association,	5 years, retiring in groups of 2.	Yes.	Limited.	General super- vision.
Arkansas	1881	9	Ву Governor.	All physicians; major- ity graduates; 7 years' experience.	2 years.	Yes.	Limited.	General super- vision.
Florida	1889	8	By Governor, con- firmed by Senate.	Discreet citizens. In practice, one a physician.	4 years.	Y≡s.	Force of law.	Full control.
Georgia	1903	12	By Governor.	Licensed physician; I from each congres- sional district.	6 years, retiring in groups of 2.	x es.	L'imited.	General super- vision.
Kentucky	1904	-	By Governor, con- firmed by Senate.	Licensed physician.	6 years.	Yes.	Limited.	Direct super- vision.
Louisiana	1898	7	By Governor, con- firmed by Senate	Licensed physician.	7 years, retiring groups 2 and 3.	.o	Force of law.	Direct super- vision.
Mississippi	1904	13	By Governor.	Licensed physician; I from each congressional dist.; 5 others.	4 years.	Yes.	Limitsd.	Direct super- vision.
North Carolina	1879	6	5 by Governor, 4 by medical society.	4 members of medical society, I sanitary engineer.	6 years, retiring in groups of 3.	Yes.	Limited.	General super- vision.
South Carolina	1878	*01	8 by Governor, on recommendation of State Med. Asso.; 2 ex officio.	8 medical society mem- bers, 1 pharmacist, 2 ex officio.	7 years.	Recom- mends.	Limited.	General super- vision.
Tennessee	1897	4	3 by Governor; 1 ex officio.	3 licensed physicians.	6 years,	Yes.	Lumited.	General super- vi-ion.
Texas	1909	7	By Governor.	Licensed physician, 10 years' experience.	2 years.	No.	Force of law.	General super- vision.
Virginia	1908	12	Ву Governor.	Member of State medical association from each cong. district;	4 years, retiring in groups of 3	Ċ X	Force of law.	General super- vision.

*This number refers to Executive Committee. The State Board is composed of entire State medical association.

II.-State Health Officer.

State.	Title.	Haw appointed.	Term of office.	Legal qualifications.	Powers.	Compen- sation.
Alabama	State Health Officer.	Elected by Public Health Commit- tee.	5 years.	Member of College of Councilors in State Medical Association.	Executive officer of the Board.	\$5,000
Arkansas	Secretary of State Board of Health.	By Board.	2 years.	Skilled in sanitary service.	Executive officer of the Board.	000
Florida	Secretary and State Health Officer,	By Board.	4 years.	Expert in public health and sanitary science.	Executive officer of the Board.	3,000
Georgia	Secretary and Director of Laboratories.	By Board.	6 years.	Not mentioned.	Executive officer of the Board.	2,000
Kentucky	Secretary.	By Board.	4 years.	Legally qualified practi-	Executive officer of the Board,	1,200
Louisiana	President State Board of Health.	By Governor.	4 years.	Registered practitioner.	All powers of the Board when not in session.	2,000
Mississippi	Secretary of State Board of Health.	By Board.	4 years.	Skilled licensed physician.	Executive officer of the Board.	200
North Carolina	State Health Officer.	By Board.	6 years.	Registered physician.	Executive officer, sec'y and treasurer of the Board.	3,000
South Carolina	Secretary and State Health Officer.	By Governor, on recommendation of Exec. Com.	At pleasure of Exec. Com.	Skilled in hygiene and sanitary science.	All powers of Board when not in session.	2,500
Tennessee	Secretary.	By Board.	5 ymars.	Physician of skill and experience.	Executive officer of the Board.	2,400
Texas	State Health Officer.	By Governor, con- firmed by Senate.	2 years.	Skilled in public sanita- tion, 10 yrs. in practice.	President and ex- ecutive officer of the Board.	2,500
Virginia	State Health Commissioner,	Ву Governor.	4 years.	Skilled in bacteriology and sanitary science.	All powers of Board when not in session.	3,500

III.—Force and Funds of State Department of Health.

		1111.076	c ana I mua	111 rorce and rands of State Department of Heatin.	reaun.	
State.	Total staff.	Value of laboratory equipment.	Laboratory staff.	Source of funds.	Total available annual funds.	Remarks.
Аїврата	00	\$3,000	4	Legislative appropriation.	\$16,000*	
Arkansas		No laboratory.				
Florida	I,ocal rep. 25		11	Mill tax.	75,000	3 laboratories, well equipped.
	54	25 000	100	T exiclative anatomistica	002.10	
Kentucky		00000		L.	5,000†	Appropriation recently made
Louisiana	15	4,000	3	Legislative appropriation.	25,000	101 laboratory.
Mississippi	4	2,000	2	Legislative appropriation.	8,000	
North Carolina	- ∞	3,000	v	Legislative appropriation. Specialtax on public water supplies. Fees from Pas- teur treatment.	12,500	
South Caroling	7	3,000	3	Legislative appropriation.	24,000	
Tennessee	4			Legislative appropriation.	16,000‡	
Texas	3			Legislative appropriation.	41,195	Only \$12,000 of total fund available for general maintenance.
Virginia	7	3,500		Legislative appropriation.	40,000	

*\$20,000 additional available for quarantine purposes in case of epidemics. †\$10,000 available in case of outbreak of cholers or yellow fever. †\$10,000 for two years. Special fund in case of epidemic.

SUMMARY OF FACTS AND OBSERVATIONS

- I. In Florida, Kentucky, and Louisiana, members of the State board of health are appointed by the Governor and the appointment confirmed by the Senate; in North Carolina 5 members are appointed by the Governor and 4 by the State Medical Society; in South Carolina 8 of the 10 members are appointed by the Governor on the recommendation of the State Medical Society. This method of appointing members of the State board of health has a twofold merit:
- a. By giving the Governor a voice in the appointment of the board it recognizes the executive head of the State as responsible to the people for the efficiency of every department of the public service; it tends to make the State system of public health responsible to the public which it serves. In the appointment of its State board of education New York State seems to accomplish the same end successfully by having the board appointed by the Legislature.
- b. Requiring that appointments be confirmed by the Senate or that they be made on the recommendation of the State Medical Society tends to provide against arbitrary use or abuse of the appointing power. In the discharge of its duties it frequently becomes necessary for a State board of health to be courageous in the exercise of its power; it is of the utmost importance that it be protected from undue political interference. How this interest may be further safeguarded is illustrated under the next head.
- 2. In North Carolina the State board of health has 9 members holding office for 6 years and retiring in groups of 3. Long term of service with members retiring in small groups guarantees that degree of continuity which is necessary to effective service; it serves also as an effective safeguard against undue political interference. This principle is embodied with varying degrees of effectiveness in the State boards of Virginia, North Carolina, Louisiana, Georgia, and Alabama.

- 3. In Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, and Tennessee the State board elects its own executive officer. Giving the board this authority has the virtue of centering responsibility and power in the same administrative body. If the board be held responsible for the service, it should have the power to select its executive agent; to fix his salary; to keep him at his post as long as he is efficient.
- 4. In Florida, Louisiana, Texas, and Virginia the State board of health has been given the power to make and promulgate a sanitary code having the full force of law; to revise the code at discretion; to enforce the code that it promulgates. This tends to make the power of the board commensurate with its responsibilities. It is difficult to see how any State board can effectively conserve the life and health of the people until it has been thus clothed with full administrative power.
- 5. The Florida public health fund is on a mill basis and yields this year about \$75,000. Thus the fund is stable; it is adequate; it grows with the needs of the State. Having a definite fund, the board can look far ahead and make definite plans to be carried out through a long series of years. In definitely giving its State board of health full administrative powers and providing it with an adequate fund on a mill basis, the State of Florida sets a high standard.
- 6. The compensation allowed the State health officer ranges from \$500 in Mississippi to \$4,500 in Alabama and Louisiana. The salary paid the health officer is not the measure of efficiency in the service, but efficient service does require sufficient compensation to justify a competent man in devoting his whole time to the work.
- 7. One of the most striking features of these State systems of public health is the inefficiency of the county health service. To secure best results in the county service at least two things would seem necessary:
- a. It would seem to be desirable and possible to organize the county board of health in a way to stimulate and utilize

local initiative under effective control. The parish health board in Louisiana seems to embody this principle in that it is given the power to make rules and regulations for the protection of health in the parish; the rules and regulations have the force of law; and yet the parish board is under the general supervision of the State board, must conform to its rules and regulations, and must co-operate in executing them.

b. It seems evident enough that there can be no effective health service in the county on any basis until there is in the county a capable health officer devoting his whole time to the service.

In most States the county health officer is a practicing physician; he is paid an insignificant sum to look after the health interests of the county, but must depend for the support of himself and his family upon his private practice; it is not his fault that the service is not effective. In some of the States the county health officer is paid by a fee system. The work is not going to be done until the man is paid an adequate salary for his services and is required to devote his whole time to the work.*

WASHINGTON, D. C., December, 1910.

^{*}Since this manuscript was written the Legislature of North Carolina has enacted a law authorizing the county to employ a county superintendent of health for his whole time, and to pay him a salary. I am advised that two counties have used the authority thus granted, and now have superintendents of health devoting their whole time to the work.

THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE

SECOND ANNUAL REPORT

OFFICES OF THE COMMISSION WASHINGTON, D. C., U. S. A.

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CHAPTER I.

OUTLINE STATEMENT OF ACTIVITIES AND RESULTS BY THE ADMINISTRA-TIVE SECRETARY.

The report of the Administrative Secretary for the year 1910 defines the work to be done; it gives an account of the organization of the agencies that are doing the work; it exhibits these agencies in action and gives in detail the methods of work in each line of activity pursued. The present report will record in detail only the new developments for the present year and will summarize the activities and results.

- I. The working agency for 1911.—The organization as outlined in the report for 1910 has continued; it has grown in size, but we have had no occasion to change its form. Tabular statement No. 1 exhibits the present working force by States.
- II. The organization at work.—All lines of activity as exhibited in the report for 1910, with important additions, have been pursued during the present year. The work in each State is directed as hitherto toward three tasks: determining the distribution and degree of infection; getting the people treated; removing the cause of infection by putting a stop to soil pollution.
- I. Determining the distribution and degree of infection.— To this end we are conducting three types of survey:
- (1) The preliminary survey.—The methods of this work are given in detail in the report for 1910. The results for the

C. R. Stingily. R. N. Whitfield. H. Boswell.

Mississippi..... W. S. Leathers.....

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PERSONNEL.

S. H. Jacobs. C. B. Greer.† T. F. Abercrombie. G. B. Randall.† W. W. Richmond. W. C. Thompson. H. Fitzgerald. W. W. Perdue. J. B. Crawford.† W. Garrison. T. E. Wright. A. S. J. Hyde.† G. B. Adams. r. B. Bradford. r. M. Fly. R. Rowland. W. H. Rowan. H. Verner. Field Force. . Wood. H. G. Perry.† R. Henry. H. Dobbs. G. R. Fox. I. F. Orr. Dr. George Ives..... Dr. Mr. Wm. Henderson... Mr. J. S. Hoskins...... Dr. H. B. Wood*...... Mrs. E. A. Stephenson... e. C. Buchanan..... Mrs. Russell........... Mrs. H. Boswell....... Fant. Dr. L. H. South*..... F. B. Nelken. Dr. W. H. Seeman..... Miss L. Sigmeier...... Mrs. M. Havard..... Miss Edna Whaley.... Dr. C. E. Pattillo...... Arkansas...... Morgan Smith..... Miss Lillie Hill....... Laboratory Force. Kentucky‡...... A. T. McCormack... Miss Clyde Howell.... Hattie Funk.... Stenographer. W. W. Dinsmore.... Miss Perry..... Louisiana..... S. D. Porter.... Miss Georgia..... A. G. Fort.... Director. Alabama State.

B. W. Page.† C. F. Strosnider. C. L. Pridgen. P. W. Covington. T. E. Hughes. F. A. Bell.† M. Weinberg. F. M. Routh. J. T. Howell. J. R. Lansden. W. M. Brailsford.† J. B. Lansden. W. M. Breeding.† J. M. Lee. T. B. Yancey. W. J. Preecker. W. A. Plecker. W. A. Plecker. W. A. Brumfield. A. C. Tartar. R. C. Carnal.†	
North Carolina. J. A. Ferrell Miss Inez Reynolds. C. F. Kirkpatrick F. W. Comnor J. J. Mackey W. C. Riddick Mrs. C. L. Pridgen L. M. Hales Durfey. Durfey. A. S. Williams Virginia. A. W. Freeman Miss I. V. Goddin Dr. A. P. Berger C. G. F. Kirkpatrick F. W. Comnor J. J. La Bruce Ward Miss S. D. Pinckney Dr. A. P. Berger C. G. Willis	

* State Bacteriologist. † Resigned. ‡ Organized December 6, 1911.

two years are here exhibited on maps I to II. In addition to the States represented on the maps, infection has been demonstrated in Florida, California, Nevada, Oklahoma, West Virginia, with very strong clinical evidence of its presence in Maryland. Infection has been demonstrated in 93 of the 100 counties in Virginia; in 99 of the 100 counties in North Carolina; in 140 of the 146 counties of Georgia; in every county in South Carolina; in 66 of the 67 counties in Alabama; in 77 of the 79 counties in Mississippi; in 27 of the 59 parishes in Louisiana; in 57 of the 75 counties in Arkansas; in 95 of the 96 counties in Tennessee; in 22 of the II9 counties in Kentucky. Of the 884 counties in these ten States, infection has been demonstrated in 719; the remaining 165 counties have not been surveyed.

This preliminary survey shows (see maps) a heavy infection on the sandy costal plain extending through the eastern part of Virginia, North Carolina, South Carolina, the southern part of Georgia, Alabama, and Mississippi. In many of the counties in this belt the infection is extremely severe. In one such county I visited three public schools in succession in which microscopic examination showed every pupil and the teacher infected. In Louisiana, the heavier infection has been found thus far near the Florida line and in the hilly regions of north Louisiana; in Arkansas the survey has been confined mainly to the southern part of the State, where a heavy infection has been demonstrated; in Tennessee the heavier infection has been found in the coves, on the slopes, and extending even to the plateau in the western portion of the Cumberland Mountain region. The record of this preliminary survey is subject to correction by the more thorough survey which is now under way.

(2) Definite survey to determine degree of infection.—In February of the present year, the State directors in conference in Atlanta agreed upon a uniform plan of survey, to determine the degree of infection for a selected group of the population. The survey is made by counties; it is based on a microscopic examination of fœcal specimens from at least 200 children between the ages of 6 and 18, taken at random—that is, without reference to clinical symptoms—from rural districts distributed over the county. The record shows the number of children examined, the number found infected, the per cent of infection. This result is taken as an index to the degree of infection among children between the ages of 6 and 18, living in the rural district in the given county.

This body of definite information serves a twofold purpose: given to county boards of education, to boards of commissioners, and to the people, it furnishes a definite basis for action; by making a similar survey from time to time, it gives a definite measure of progress in the work of eradicating the disease.

This survey is being made in connection with the other work. The results of the work thus far are exhibited as a part of the State reports. The survey has been completed for 87 counties in nine States; the result shows an infection among the rural children from 6 to 18 years of age in these counties ranging in degree from 2.5 to 90.2 per cent.

In the beginning of the work, two years ago, the discovery of heavy infections was discouraging; after two years of experience the record of a heavy infection has the opposite effect. Where the infection is heavy it is much easier to awaken interest; to get the people to see what the presence of the infection means; to get them to appropriate money for the

dispensaries; to secure coöperation in getting the people examined and treated; to secure definite action in the interest of better sanitation to prevent reinfection. These communities where the infection is heavy are going to be the first to throw it off; they are going to lead in the improvement of sanitary conditions, which, while stamping out hookworm disease, will at the same time bring under control typhoid, amedic dysentery, and other enteric diseases.

(3) Survey of foreign countries.—The Commission has undertaken to get information on the disease in foreign countries. A letter was prepared asking for information on: I. whether or not the country has been found infected; 2, the geographic distribution of the infection within the country; 3, an approximate estimate of the degree of infection; 4, whether the infection is surface or mine infection; 5, what is being done by private or public agencies to eradicate or relieve it. Through the good offices of the late Surgeon General Wyman this letter was sent out by the Department of State with a covering letter as an official inquiry to American representatives in all foreign countries. This was followed by correspondence with physicians and public-health authorities in these countries; these reports were supplemented by reference to the voluminous literature of the subject on file in the library of the Surgeon General's office, U. S. Army. The information thus gained is summarized in Publication No. 6.* "Hookworm Infection in Foreign Countries."

Some features of the exhibit in Publication No. 6 call for special attention in this report:

^{*}The Rockefeller Sanitary Commission, 725 Southern Building, Washington, D. C.

a. Extent of the infection.—Hookworm infection belts the earth in a zone about 66 degrees wide, extending from parallel 36° north to parallel 30° south; practically all countries lying between these two parallels are infected.

Of the foreign countries from which the Commission has received reports, 54 are infected. In six of these countries—Wales, Germany, Netherlands, Belgium, France, and Spain—the infection is wholly or chiefly confined to mines, and is found in but few definite localities; in at least 46 of these countries the infection is general and widespread. Exhibit on page 89 shows that these 46 countries comprise an area of about 14,464,158 square miles and have a population of about 919,858,243. To this we may add 11 of our own States, with an area of 510,149 square miles and a population of 20,785,777. Of the total population of the globe—about 1,600,000,000 people in round numbers—about 940,000,000 live in countries where hookworm disease is prevalent.

b. Degree of infection.—In many countries the infection is extremely prevalent. In 1904 it was estimated that 90 out of every 100 of the working population of Porto Rico were infected. My own observations in the island convince me that this estimate was not excessive. The reports summarized in Publication No. 6 estimate: That of the whole population of Colombia living between sea-level and 3,000 feet above, 90 per cent are infected, and this includes the great majority of the 5,000,000 of people living in this country; that of the total population of British Guiana, 50 per cent are infected, the percentage of infection among the laborers on the sugar estates being much greater; that in Dutch Guiana the infection on many plantations runs as high as 90 per cent; that over a thousand microscopic examinations in French Guiana showed

an infection of 35 per cent among a local population, 50 per cent among soldiers, and from 50 to 88 per cent among prisoners; that in Egypt general estimate places the infection at 50 per cent of the laboring population; that 50 per cent of the coolie laborers on sugar and tea estates in Natal are infected, with the disease spreading among natives and Europeans; that on many plantations in Ceylon the infection runs as high as 90 per cent; that of the 300,000,000 of people of India, 60 to 80 out of every 100 harbor the parasite; that on rubber plantations in the Malay States the infection runs from 47 to 74 per cent; that the southern two-thirds of the Chinese Empire is involved with the infection in many places in the Yang-tse Valley running as high as 70 to 76 per cent among the farming population; that of the entire population of American Samoa, about 70 per cent are infected.

c. Economic significance of the disease.—The economic loss resulting from the disease is enormous. The physically sound coffee-picker in Porto Rico picks from 500 to 600 measures of coffee per day; scores of anemics told me they could pick only from 100 to 250 measures per day. According to estimates given me by the managers of a number of large haciendas in Porto Rico, the disease has reduced the average efficiency of the labor on these plantations to from 35 to 50 per cent. Dr. William M. McDonald reports that the disease is "sapping the life and energy of the population of Antigua." Dr. Parker, of Ecuador, says: "Last fall I visited one of the largest cocoa plantations near Babahoyo and found that the anemias of hookworm and chronic malaria made available not more than 33 per cent of work of the 300 laborers on that place." Dr. E. Brimont reports: "The disease has greatly retarded the development of French Guiana." The report

from British Guiana says: "The economic loss due to hookworm disease on the sugar estates is heavy. On one estate, where the laborers were treated on a large scale, the manager reported that 'the working power of the gangs had increased 100 per cent." The report from Colombia, after stating that the infection is among the miners and in abundant profusion throughout the agricultural sections, where the laborers on the coffee, sugar, rubber, tobacco, banana, and other plantations are seemingly all affected, says that "one of the greatest problems with which the people of Colombia are confronted at the present time is that of the evils attendant upon the presence of hookworm infection." Dr. T. F. McDonald, of Queensland, reporting conditions in the Johnstone River district, says that infection is present in every square mile of it, and that "it is sucking the heart's blood of the whole community." The Right Honorable the Earl of Crew, Secretary of State for the Colonies, in his dispatch on this subject to the Governor of Ceylon, says: "Having considered the reports from the several colonies, with the observations of the committee upon them, I recognize that the loss of labor caused by the prevalence of ancylostomiasis is very serious, and affects prejudicially not only the employers of labor, but the community at large. Not only is there serious loss of life, direct and indirect, but also through the invaliding of laborers the charges for hospital and pauper expenditures are largely increased." In 1908 Dr. Braddon examined 2,000 sick Tamils on the rubber estates in Negri Sembilan, Malay States, and says "there was no single one of these coolies who was not affected by ancylostomiasis"; "that 60 per cent of all coolies at work were in an advanced state of ancylostomiasis." Dr. Graham, reporting for Lower Perack, Malay States, says that more than 50 per cent of the entire population is infected and that the disease is of "great economic importance to the rubber industry."

In our own country Dr. Herbert Gunn, special inspector for the California State Board of Health, in his report on hookworm infection in the mines of that State, says: "There is no question that the general efficiency of the men is noticeably impaired. At one mine, employing about 300 laborers, it was stated that a reserve of about 25 men had to be available to replace those who, on account of sickness, did not appear for work. Quite a few of the men have to lay off every now and again to recuperate. Several who were unable to work stated that when they arrived in Jackson they were perfectly strong and well. A large number of these men were encountered on the streets, some of them presenting marked degrees of anemia. The greatest loss to mine operators is occasioned by the large number of those moderately affected. * * * A loss of 20 per cent in efficiency of those infected would be a conservative estimate. That would mean in Mine No. 2, for instance, where over 300 men are employed at an average of about \$2.50 per day, and estimating the number of those infected as low as 50 per cent, a loss of over \$20,000 a year."

This estimate is for *one mine*. Dr. Gunn reports "that infection undoubtedly is present in practically all of the gold mines of California. Infection is present, also, among agricultural laborers of that State.

But the infection in California is light as compared with nine or ten of our South Atlantic and Gulf States, with their 20,000,000 of people. If an infection of 50 per cent in one gold mine employing 300 men causes a loss conservatively estimated at over \$20,000 a year, what must be the economic significance of this disease for India, with its 300,000,000 of people and from 60 to 80 per cent of them infected?

d. Retarding effect on education and civilization.—We have on file a photograph of a group of children, no one of whom until this year had ever been in a school; no member of their parents' family, of their grandparents' family, or their greatgrandparents' family on either side had ever gone to school. We have in this family a record of at least four generations of illiteracy due to the disabling effects of hookworm disease. In the community in which this family lives are many other families showing a similar history. I have visited many communities in which a large proportion of the children have been kept out of school by disability due to this cause. I have visited schools and have on file records of many others in which all or a large proportion of the children attending are infected. Records of the definite survey show in extreme cases an average infection among rural children of school age for whole counties running as high as 70 to 90 per cent.

The statement by Dr. E. Brimont, that "the disease has greatly retarded the development of French Guiana," is applicable even in greater degree to many other countries. Acute disease may strengthen a race by killing off the weak; but hookworm disease is chronic. It works subtly through long periods of time, and its cumulative results-physical, intellectual, economic, and moral—are handed down as an increasing handicap from generation to generation. The letter on page 119, showing the effects of the disease on one community, is a statement in concrete miniature of what it means in the large. This letter portrays a situation which for our States is extreme; but many countries, like Egypt, India, and China, have suffered a heavy infection for centuries, and its results have been handed down from generation to generation for ages as a cumulative handicap to the development of these people in all things that make for civilization.

e. Spread of the infection by immigration.—It is estimated that from 60 to 80 per cent of the total population of India are infected. Every country importing coolie laborers from India is bringing on to its own soil a heavy stream of infection. In Assam Dr. Bently examined 600 Indian coolies just arrived, and found only one of them free from infection. When the attention of the government at Durban was called to the heavy infection among the coolie laborers on the sugar estates of Natal in 1908, the authorities examined the next shipload of coolies from India and found 93 per cent of them infected. The Indian coolie is the chief source of labor supply for British Guiana; examination of all coolies arriving for the year 1909 showed an average infection of 74.44 per cent; this importation of coolie labor is regarded as the source of the present extremely disastrous infection in that country. About 16,000 Indian coolies have been imported into Jamaica, and it is estimated that 50 per cent of them are now infected. By the importation of coolie labor the infection has been carried and is being carried from India also into Dutch Guiana, Ceylon, the Federated Malay States, the Straits Settlements, and Java. The health authorities at San Francisco examined a shipload of Indian coolies just arrived at that port last year, found an infection of about 90 per cent, and established quarantine against further immigration of this type. Every group of Indian coolies now in California is a center from which the infection is spreading in that State. From the outbreak of the disease in the St. Gothard tunnel the infection was carried into the mines of Austria, Belgium, and Germany. In these countries large sums have already been spent in a systematic effort for its eradication.

These, among a multitude of similar facts, suffice to show

that hookworm disease, in the light of our present knowledge, has ceased to be a local matter; it is an international problem of serious proportions.

- 2. Getting the people treated.—In getting the people treated, the work in each State this year has followed two lines of effort:
- (1) Enlisting the physicians in the work.—The activities outlined in the report for 1910 have been kept up; the results are tabulated as a part of each State report and are summarized on page 68. Of the 21,244 practicing physicians in these nine States, 4,126 have reported treating the disease. The report from North Carolina shows that of the 1,879 physicians in that State, 1,195 are treating the disease. The physicians reporting as enlisted in the work have treated during the year 53,167 persons.
- (2) Getting the people to seek examination and treatment.—When the work began two years ago the people did not know hookworm disease as a disease. The announcement of its prevalence they had not taken seriously. It was extremely difficult to induce them to be examined, and even more difficult to get them when found infected to consent to treatment. The physician could not treat them until they had been shown that it was to their interest to seek his aid. For two years systematic effort has been made to give them the facts. The educational activities outlined in the report for last year have been persistently pursued in each State; the people have been taught by public lectures with charts and lantern slides, by bulletins and folders, by the public press, by exhibits at State and county fairs, by the examination of children in the schools and students in the colleges, by examinations made at

the State laboratories, by the celebration of public-health day; and most effective of all has been the teaching of the people by demonstration through the treatment of large numbers at the county dispensaries.

a. The county dispensary.—The county dispensary is a development of the present year. The first dispensary was opened by Dr. C. J. Cully, at Columbia, Mississippi, on December 15, 1910, and was referred to in our annual report for the year as "the most promising move that has been made in the direction of supplying treatment for the indigent." In its surprising development during the present year we have almost ceased to think of it as a means of supplying treatment to the indigent in view of its incomparably greater value as an agency for teaching all the people by demonstration.

The work of the county dispensaries in each State is conducted by members of the field staff under the general supervision of the State director of sanitation for the State department of health; all local expenses are borne by county funds. The work in a given county continues from 6 to 8 weeks; it is intensely educational from beginning to end; it reaches the entire population of the county, reaches over into the adjoining counties, and makes its influence felt on the State as a whole.

When the physician in charge goes into a new county to open up the work, the way has been prepared for him; the people in this new county have heard of what has been done in the adjoining county; a personal letter has been sent from the central office to the physicians and county officials calling attention to the work and asking that the State board's representative be given coöperation; the field physician is armed with a letter from the commissioners' court in the county in

which he has just been working, stating what appropriation this court had made for the work and what had been accomplished; he has also a letter from the physicians in the county in which he has been working, stating what the work has done for the people and how it has increased their own practice in treating the disease. With this preparation the work for the county begins.

- (a) Getting coöperation of physicians.—The field director visits each physician in the county and gets him to sign a resolution endorsing the plan of work for the county and pledging his coöperation. The physicians as a rule give both moral support and active coöperation. On a recent visit to a dispensary my attention was called to a physician who had treated only 4 cases of hookworm disease before the opening of the dispensary in his county; on the day before my visit he had treated 16 cases in his regular practice. Recent report from one county shows that while the physician in charge of the dispensary treated little more than 1,000 people in about 4 weeks, the physicians of the county to a man engaged in the work treating with him during the same period 1,200 people.
- (b) Getting county appropriation.—The physician in charge presents a petition to the county commissioners asking that they make an appropriation from county funds to defray all local expenses, as for drugs, for printing, for the services of a microscopist, for local travel, etc. This petition is backed by the county medical society, the county school board, and by influential citizens. This appropriation of county funds by the county commissioners carries with it a moral weight which no appropriation of money from the outside could have; it is an official announcement to every citizen that hookworm infection is prevalent in the county; that it is a serious menace to

the public welfare; that coöperation in this relief work is a public duty. In Mississippi, Alabama, and North Carolina, where the dispensaries got the earlier start, the work has gained such momentum that many counties now take the initiative in making the appropriation, then ask the State board of health to send a representative to take up the work.

- (c) Tour of inspection and education.—The appropriation made or guaranteed, the field physician makes a tour of the county; he inspects the schools and lectures to them; he gives public lectures with stereopticon at important centers; he interests the newspapers and supplies them with copy and with cuts to illustrate it; he visits the mayors and other municipal officers and leading citizens in the towns, creating sentiment and organizing support for the work.
 - (d) Opening dispensaries.—The physician in charge selects usually about five points in the county for the dispensaries. These are centers to which the people may come for free examination and treatment for hookworm disease. For each dispensary he fixes a day in the week on which it will be open for about six successive weeks; he then floods the county with press notices, circular letters, and posters carrying this information to the people.
 - (e) Treating the people and teaching them by demonstration.—The physician visits each dispensary on the day set apart for it, and with the aid of a microscopist gives examination and treatment to all who come. Marked cases are treated on clinical diagnosis; the doubtful ones are examined microscopically. Those found infected are given the drug in dose form in an envelope on which are printed directions for taking the medicine and sanitary directions for the prevention

of reinfection. A record is made of each case (see dispensary form, Exhibit 17).

At the close of the work in the county the physician in charge makes to the county commissioners a report showing the expenditures, the work done, and the results accomplished. This report is published in the county, and is frequently given to the press of the State for its educational effect (see Exhibits 14, 15, and 16).

When the work began two years ago the State directors and I were strongly of the opinion that the people would not come to dispensaries for examination and treatment. At times the clinics are small when the dispensaries are new or in communities where the infection is light; but in communities where the infection is heavy and after the dispensary has had a few days within which to demonstrate its effectiveness, the people come in throngs; they come by boat, by train, by private conveyance for 20 and 30 miles. Our records contain stories of men, women, and children walking in over country roads 10 and 12 miles, the more anemic at times falling by the way, to be picked up and brought in by neighbors passing with wagons. As many as 455 people have been treated at one place in one day. Such a dispensary group will contain men, women, and children from town and country, representing all degrees of infection and all stations in life. A friend who had just visited some of the dispensaries said to me recently: "It looks like the days of Galilee."

The people usually begin to arrive early. I visited one dispensary at 8 o'clock in the morning and found 43 persons there waiting for attention. They linger; they gather in groups around the tables of exhibits; they listen to the stories of improvement as told by those who have been treated, and

return to their homes to report to their neighbors what they have seen and heard. The rapidity with which this teaching by demonstration gets its hold upon the people in communities where the infection is heavy is seen in the early records of the work in new territory. When the work opened in North Carolina in July, Dr. Covington treated in Halifax county the first week 194 people; the second week, 438; the third week, 537. In Robeson county Dr. Page treated the first week 40; the second week, 185; the third week, 478. In Sampson county Dr. Strosnider treated the first week 53; the second week, 316; the third week, 926. Four men in the first week of the work treated 615 cases; in the fourth week they treated 2,808.

Dispensaries are now in progress in North Carolina, South Carolina, Georgia, Alabama, Louisiana, Mississippi, and Tennessee. Some work has been done in Virginia, and three counties in that State have made the appropriation. In North Carolina 27 of the 100 counties have made the appropriation since July 1; in South Carolina 8 counties have made the appropriation; in Georgia, 2; in Alabama, 14; in Louisiana, 9; in Mississippi, 13; in Arkansas, 1; in Virginia, 5; in Tennessee, 5. In the 9 States 85 counties have appropriated \$10,799.60 for the work. The work has been organized in 66 counties, and 74,005 persons have thus been treated.

b. Results.—The effect of these educational activities is seen first of all in the transformation which has been wrought in public sentiment. This change of sentiment shows itself in the coöperation of the press—which is now practically universal in all the States—in the growing coöperation of the physicians, of the educational agencies, of the whole people; it shows itself in an increasing support, not only of this particular work, but of all public-health interests. Dr. Leathers, in

Microscopic examinations,

reporting for Mississippi, says: "The attitude of the public relative to public-health work is wholly different from what it was beginning with June 1, 1910; the State Medical Association has been awakened as never before in behalf of medical legislation. The incoming legislature unquestionably has a more intimate knowledge of the needs of the State along public-health lines than during any previous session of the State Legislature. * * Public sentiment has been bettered to the extent of, I should say, 70 per cent." An expression of this growing sentiment is seen in the appropriations for the county dispensaries and in the records of examinations and of persons treated.

	1910.	1911.
Alabama	92	2,640
Arkansas	442	3,460
Georgia	1,165	7,816
Kentucky		834
Louisiana	<i>7</i> 9	5,975
Mississippi	1,682	14,757
North Carolina	7,949	37,328
South Carolina	85	3,052
Tennessee	545	7,876
Virginia	2,750	6,986
•	14,749*	90,724
Total number microscopically examine	d	105,473

State.

^{*} This number represents the microscopically positive for 1910. There were probably a few more examinations made but there is no definite record of other examinations.

State.	Person	Persons treated.		
State.	1910.	1911.		
Alabama		23,359		
Arkansas	3,330	1,787		
Georgia	1,400	8,200		
Louisiana		9,4 2 9		
Mississippi	824	35,099		
North Carolina	8,000	45,881		
South Carolina	665	5,020		
Tennessee	204	2,735		
Virginia		8,868		
Total	14,423	140,378		
Total persons treated to da	ate	155,301		

- 3. Educating the people in sanitation.—All our work—even the treatment of the people—is educational; every person treated becomes the teacher of his neighbors; the final aim of all our effort is to teach the people to stamp out hookworm infection by putting a stop to soil pollution. To this end three lines of activity are specifically directed:
- (1) The sanitary survey.—The preliminary sanitary survey as conducted last year lacked uniformity and definiteness. In February of the present year the State directors in conference in Atlanta agreed upon a uniform plan for a definite sanitary survey of all the States. The survey is based on privy conditions and is to determine the degree of prevention of soil pollution. All privy types in use in these States were classified under the heads of "A," "B," "C," "D," "E," and "F" types; to each type was assigned its rating of efficiency on a scale of 100. The survey is made by counties; it is based on

an inspection of at least 100 rural homes; the number of homes inspected usually runs from 200 to 700 for the county; the inspector while on the ground records the privy conditions as of the A, B, C, D, E, or F type. When the inspection is completed the sanitary index for the county is estimated as follows:

County.		
I at 75 per cent (Class B)		
2 " 25 per cent (Class D)		
165 " 10 per cent (Class E)		
58 " o per cent (Class F)	00	
226	\	
220)1,175	
		TO/00
	•	19/22
Sanitary index for the county	7	19/22

This means that the sanitary index for this county is in round numbers 8 on a scale of a possible 100.

The results of this survey as they come in are being tabulated and mapped by counties. It is giving us a body of definite information on soil pollution in rural districts. The work has been completed for 125 counties in nine States. A total of 43,448 rural homes have been inspected; of these 21,308 have no privies.

(2) Teaching the people the danger of soil pollution and how to stop it.—The infection survey is giving a pretty definite index to the degree of infection for each county; the sanitary index is giving definite information on the sanitary conditions responsible for the presence and spread of the disease; the work of the physicians and the county dispensaries is demonstrating what the presence of this infection means to

the individual and to the community; the organization in each state is driving these facts home to the people. Every activity outlined in detail in the report for last year has been kept up with increasing volume and definiteness; the people are being taught by public lectures illustrated with photographs, charts, and stereopticon; by bulletins and folders; by the public press; by exhibits at State and county fairs; by definite instruction in sanitation in the schools.

During the year the State organizations have delivered 3,620 public lectures; have reached in this way 451,877 people; have reached by personal visit 673 newspapers and furnished 1,843 articles to the press; have reached by personal visit 9,450 teachers, by bulletins 43,393, by letters 17,294, by lectures at institutes 15,448; they have distributed to the people 908,436 bulletins on sanitation.

(3) Improving the county health service.—The successful accomplishment of this task rests upon four permanent agencies: the State department of health, effectively organized and adequately equipped to give the work permanent organization and supervision; the practicing physicians of the State so enlisted in the service that they can be depended upon to treat all persons infected; the State system of public schools giving definite instruction in sanitation as a regular and permanent part of the school work; and, finally, in each county a capable county superintendent of health devoting his whole time to public-health work.

At present the county health officer in most counties in this country is a practicing physician; he is paid an insignificant sum to look after the public-health interests of the county, but must depend for the support of himself and his family on his private practice; it is not his fault that the service is in-

effective. The work is not going to be done until the man is paid an adequate salary for his services and is required to devote his whole time to the work.*

The last legislature of North Carolina enacted a law authorizing the counties to appoint a superintendent of health for his whole time, and providing that a superintendent of health appointed for his whole time shall, in addition to his other duties, make a sanitary inspection of all school plants, make medical examination of public-school children, and have microscopically examined all children suspected of having hookworm disease. This law became effective in February of this year. In June the county board of health of Guilford county, North Carolina, appointed a superintendent of health, appropriated \$2,500 from county funds for his salary and expenses, and stipulated that he should give his whole time to the work-This officer began work July 1; since that time he has inspected all the schools; has made a remarkable demonstration in the control of typhoid fever; is getting an accurate record of vital and mortuary statistics; is pushing disinfection of houses into the country and putting country springs, wells, and premises in sanitary condition; is preparing to make a complete sanitary survey of the county; is giving medical inspection to children in the rural schools; is conducting a continual campaign of education by means of stereopticon lectures; and is publishing a leaflet that goes to every farm home in the county.

Two counties in North Carolina now have superintendents of health giving their whole time to the work; the State reports increased efficiency in the health service of Columbus, Moore, Brunswick, Pender, Pitt, and a number of other counties; the North Carolina State Board of Health is deeply in-

^{*} State Systems of Public Health in Twelve Southern States, p. 67.

terested in extending the service. Mississippi reports that at least 60 per cent of the county health officers of the State are more actively interested in public-health work. Definite sentiment has been created in Georgia in favor of a bill looking toward an efficient county health service. The bill enacted by the Arkansas legislature provided for a county health service.* The Kentucky State Department of Health, in taking up the work against hookworm disease, is undertaking to enlist the coöperation of county health officers in this work and to use it to create sentiment that will demand a superintendent of health for his full time.

Observation of the work in Guilford county convinces me that with an effective county superintendent of health devoting his whole time to the work in any county, there is no reason why hookworm disease should not within reasonable time be stamped out and kept out, as it has been eradicated in Switzerland and Hungary and is being kept out of these countries by the rigid observance of a few preventive measures.

^{*} This bill was lost from the clerk's desk after its passage and did not reach the Governor.

CHAPTER II.

SUMMARY OF ACTIVITIES AND RESULTS BY STATES.

ALABAMA.

I. State survey by counties.

 Infection survey,—based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area.	Population.	No. examined.
Geneva		22,230 21,608	613 227
 Sanitary survey,—b at, at least, 100 c 			rivy conditions
County. Coffee			337 555 205 421 308
1. Enlisting the physic (1) Number of p (2) Number of ph (3) Number of le (4) Number of ph (5) Number of ph (6) Number of ph (7) Number of ph	hysicians in lysicians pers ctures to ph lysicians rea rcular letters lysicians trea	sonally visitedysicians cheds sent to physicia ating disease	
Microscopio	hools inspection in the control of the children in the childre	ted n examined ensaries	

(5) Total number of persons examined							
3. Work	of county di	ispensaries	:				
County.		Amount of	appro.	Duration of	campaign.		
Butler		\$150.	.00	6 we	eks		
Choctaw		150.	.00	Not o	pened		
Coffee		75	.00	II we			
Conecuh		150		7 we			
Covington		150.		8 we			
Dale		150.		7 we 8 we	eks		
Dallas		250.		5 we			
Escambia Geneva		150. 150.		II we			
Greene		150		3 we			
Houston		60.		7 we			
Perry		150		5 we	eks		
Pike		150.	.00	5 we			
Sumter	• • • • • • • • • • • • • • • • • • • •	150	.00	Not o	pe ne d		
Totals		\$2,035	.00	83 we	eks		
Ŋ	Jumber perso	ons and tim	es treated.	Total No.	Total No.		
Country	One.	Two.	Three.	of people treated.	of treat- ments.		
•					_		
Butler Choctaw	2,744	150		2,744	2,894		
Coffee	3,951	I,2IO	350	3,951	5,511		
Conecuh	1,092	75	330	1,092	1,167		
Covington	2,504	125		2,504	2,629		
Dale	1,315	351		1,315	1,666		
Dallas	667	86		667	753		
Escambia	996	231	65	996	1,292		
Geneva	1,459	82		1,459	1,541		
Greene	140	42		140	182		
Houston	576	20		576	596		
Perry	928	188	226	928	1,116 4,385		
Pike Sumter	3,117	932	336	3,117	4,303		
Totals	19,489	3,492	751	19,489	23 732		
•	of laborator	•					
(1) Number of specimens received and examined 335 (2) Number of specimens positive, hookworm ova 117 (3) Percentage of infection thus shown 35							
5. Summa	ry:						
(2) N	Number of p Number of p Number of p	ersons trea	ited by phy	ysicians	3,870		
(4) T	otal person	s treated			23,359		

III. Educating the people in sanitation.

1. By public lectures:	
(1) Number of public lectures delivered	161
(2) Estimated number of persons thus reached(3) Total number of lectures delivered:	15,000
Dr. Perry	165
Dr. Orr	230
Dr. Perdue	137
2. Through the schools:	532
(1) Number of teachers in State	6,434
(2) Number of teachers reached by visit	36I
(3) Number of teachers reached by letter	380
(4) Number of teachers reached by bulletins	410
(5) Number of teachers reached by institutes(6) Total number of teachers reached:	100
Dr. Perry	377
Dr. Orr	407
Dr. Perdue	366
3. By bulletins, leaflets and special literature:	1,150
(1) Total number bulletins distributed:	
Dr. Perry	24,000
Dr. Orr	30,000
Dr. Perdue	17,000
	71,000
4. By the public press:	Total.
(1) Number of papers in State	258
(2) Number of papers personally visited	19
(3) Number of articles furnished for publication	49

IV. Notes on the work of the year.

I. Dothan city administration and the county board of health have been brought into a closer relationship, resulting in a more efficient and vigorous sanitary campaign. The salary of the city health officer for Dothan was raised from \$200 to \$400 per year. The city of Columbia raised by popular subscription \$6,000 for the purpose of installing a modern sewer system. The town of Ozark floated bonds for a sanitary system. The city of Enterprise adopted regulations restricting the use of surface privies and providing means for handling them. A plan for a sewage system for the city has been made and the question of installing it is to be submitted to popular

32 ALABAMA.

vote. The sewer area of the city of Troy is being extended. Sanitary regulations for the whole city are being more rigidly enforced.

- 2. The school authorities of Dale county adopted regulations requiring sanitary privies to be built at all schools and enforcing strict sanitary regulations. The community of Farmers' Academy, Coffee county, has made arrangements for installing sanitary privies at the school and in most of the homes. Sanitary privies are now being built in the public schools in Pike county.
- 3. The county health officers in Perry county and Greene county agreed to personally conduct a free clinic at their respective offices on Saturday of each week to treat, for hookworm disease, all persons who would apply. The field man in each case advertised this fact over the entire county by means of circular literature and the county press. The two health officers supplemented this by mailing post cards stating their intention to continue the dispensary and urging the people to come for examination and treatment. The central office has given every possible aid to this movement in an effort to make it a success.
- 4. The one important result thus far achieved is one quite difficult to tabulate or to express in tangible terms, namely, the fact that there has been created a strong and active sentiment among all sorts and conditions of men, women, and children as to the importance of hookworm eradication. This is a force that is working slowly but surely, and which must lead ultimately to a proper enforcement of regulations and certain legislation on sanitation. Legislation must follow in the wake of the educational campaign, which is creating a sentiment looking to that end.

ARKANSAS.

I. State survey by counties.

I. Infection survey,—based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

	Area in		Number
County.	square miles.	Population.	examined.
Bradley	. 658	9,651	260
Calhoun	. 646	8,539	210
Columbia	. 846	22,077	620
Cleveland		11,620	215
Dallas		11,518	260
Grant		7,671	250
Hot Spring		12,748	220
Ouachita		20,892	300
Union	. 1,074	22,495	350

2. Sanitary survey,—based on an inspection of privy conditions at, at least, 100 country homes:

County.	Total number inspected.
Ashley	
Bradley	
Calhoun	28 6
Clark	
Cleveland	468
Columbia	
Dallas	
Drew	
Grant	
Hot Spring	
Nevada	370

II. Getting the people treated. Enlisting the physicians:

(1) Number of physicians in State	3,6 00
(2) Number of physicians personally interested	675
(3) Number of lectures to physicians	
(4) Number of physicians thus reached	
(5) Number of circulars and letters sent to physicians.	7,500
(6) Number of bulletins sent to physicians	5,000
(7) Number of physicians now treating the disease	200
(8) Number of persons treated by physicians	1,500

2.	Getting	the	people	to	seek	examination	and	treatment:
	/ > > >							

(1) Number of schools inspected	
(2) Number of families inspected	7.800
(3) Number of persons examined clinically	. 4,000
127	-

зb

34 ARKANSAS.

Positiv (5) Total r (6) Numbe	er of persons exame e number of persons er of persons treate number of persons	examinedd by field for	rce	3,460 1,879 7,460 287 1,787
3. Work of cou	nty dispensaries:			
County.	Amt. of appro.	Duration o		ures.
Columbia		8 weeks	•	
County. ~	o. persons and times ne. Two. Three. 87 185 55	p	eople tr eated. me	al No. eat- ents. 537
4. Report of la	boratory:			
(2) Numbe (3) Numbe (4) Averag (5) Numbe	number of specimer or containing hooks or containing other ge per cent of infec- or of mailing cases or of mailing cases	worm ova parasites ction distributed		72 2,000
(2) Numbe	er of persons examer of persons treater of persons treater	ed by physicia	ns I.500	7,460
(4) Total I	persons treated			1.787
III. Educating	the people in sa	nitation.		
1. By public lea (1) Numbe		s delivered	• • • • • • • • • • • • • • • • • • • •	337 50,550
(2) Numbe (3) Numbe (4) Numbe	e schools: er of teachers in S er of teachers reachers	hed by visit ned by letter. hed by bulleti	n	9,522 805 5,400 5,400 1,600
	leaflets, and speci number of leaflets		d i stributed	61,324
(2) Numbe (3) Numbe	e press: er of papers in Sta er of papers person er of letters to pre er of articles furni	nally visited ss		310 35 360 110

IV. Notes on the work of the year.

- r. There is a growing coöperation on the part of the press, the school teachers, the ministers, and the people. Many county papers have begun the publication of notes or articles dealing with health matters. Many of the ministers are preaching health sermons. The people are beginning to demand the passage of sanitary laws.
- 2. The recent legislature enacted a public-health law which gave to the Commissioner of Health all necessary power to make and enforce sanitary rules and regulations. The bill contained a special section which referred to rural sanitation and which was far-reaching in its aims. By some means the bill was lost before reaching the Governor for his signature; it therefore failed to become a law. The people of the State, having seen the work which has been done by the Rockefeller Commission, are in favor of a public-health department, and it is confidently expected that the ill-fated bill will be enacted at the next meeting of the legislature.
- 3. The State Teachers' Association, at its annual meeting December 28 to 30, took official action, organizing in each county a county school bureau of health. The purpose of this bureau is to enlist the coöperation of the entire teaching profession in an organized movement to improve sanitary conditions at the schools and at the homes throughout the State. This action brings to the work the coöperation of 9,000 teachers for the year 1912.

36 GEORGIA.

GEORGIA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

	Area in		Number
County.	sq. miles.	Population.	examined.
Lowndes	455	20,036	219
Tift'			349

2. Sanitary survey, based on an inspection of privy conditions at, at least, 100 country homes:

County: Clarke Berrien Gwinnett Hall Jackson Madison Oconee Tift Turner Walton	370 226 398 208 686 565 299 425 350
Washington	728
II. Getting the people treated.	
1. Enlisting the physicians:	
(1) Number of physicians in State	
(2) Number of physicians personally interested	613

(1) Number of physicians in State	2,887
(2) Number of physicians personally interested	613
(3) Number of lectures to physicians	II
(4) Number of physicians thus reached	429
(5) Number of letters and circulars sent to physi-	
cians	2,887
(6) Number of bulletins sent to physicians	2,887
(7) Number of physicians now treating the disease	690
(8) Number of persons treated by physicians	7,228

2. Getting the people to seek examination and treatment:

0 1 1	
(1) Number of schools inspected	_ 454
(2) Number of persons examined clinically	28,932
(3) Number of persons examined microscopically.	7,816
(4) Total number of persons examined	36,748
(5) Number of persons treated by field force	972
(6) Total number of persons treated on record	8,200

*** *				•			
3. Work of Lowndes	County	y. 		A1 a \$	nt. of ppro. 150.00	ca 6	ration of mpaign. weeks weeks
Totals		• • • • • •	• • • • • •	\$3	300.00	12	weeks
County.	No. p			mes tre		Total No. of people treated.	Total No. of treat- ments.
Lowndes Tift	385 587	78 33	9	4	1 	385 587	477 623
Totals	972	III	12	4	I	972	1,100
	Number	of ex	aminat			1, 2,	877 4 2 3
(4)] (5)] (6)] (7)]	Number Number Number Number	of sp of sp of sp of sp	ecimen ecimen ecimen ecimen	is of ho is of Ta is of T is of A	okwori enia rioccep scaris l	nhalus Dispa umbricoides vermicularis	1,877 57 .r 2
. (9) '	l'otal n	umber	intest	inal pa	rasites.		1,980
5. Summa (1) (2) (3)	Number	r of port of p	ersons ersons ersons	examin treated treated	ed by phy I by sta	ysicians. 7,2 aff 9	36, 7 48 28 72
(4)	Total n	ıumbei	r of pe	ersons t	reated		8,200
III. Educa	ting th	ie pe	ople i	n sani	tation	•	
1. By pub (1) N (2) B	Jumber	of pu	ıblic le ıber of	ctures person	deliv er s thus	ed reached	631 50,772
(2) N (3) N	Tumber Tumber Tumber	of tea	achers ichers ichers	reached reached	l by vis	sit. Iletin. titutes	845 7.500
(2) F	lumber lealth to ers by	of bu alks by Super	lletins, y State intend	leaflets Direct	s, etc or and Educat	sent to teadionace privy	ch- 1,500

	(4) Plans of surface privy sent from Dept. of Educa-	
	_ tion	1,500
	(5) Two letters to Congressmen urging distribution	
	of Department of Agriculture Bulletin 463	22
	(6) Literature distributed by field men	25,417
	(7) Literature distributed by central office	43,502
	(8) Total literature distributed	68,919
	PM 4 .4 1.1	
4.	Through the public press:	
	(1) Number of papers in State	375
	(2) Number of papers personally visited	81
	(3) Number of letters to press	295
	(4) Number of articles furnished for publication	655
٠	(5) Number of articles printed for field men	101

IV. Notes on the work of the year.

- 1. The State Board of Health has granted permission to the Department of Field Sanitation to undertake dispensary work, provided the consent of every practicing physician in counties where the work is to be done is first secured.
 - 2. There are no county boards of health in Georgia.
- 3. The County Board of Education in Bartow has issued regulations requiring sanitary privies at all the schools in the county. The Lowndes County Board of Education is urging the installation of sanitary privies in the rural schools of the county.
- 4. The press is more active in its campaign for better health and sanitary conditions than ever before; the relationship between the Department of Health and the Department of Education is closer than ever before. There is a growing coöperation on the part of the people.
- 5. For the Department of Education we have prepared plans and specifications for sanitary privies at public schools and a bulletin on health talks for use in the public schools.
- 6. The Governor issued a proclamation calling for a Health Day, with proper ceremonies, at the public schools.
- 7. Our work helped to secure medical inspection of school children in Fulton county and Decatur.

LOUISIANA.

I. State survey by counties.

 Infection survey,—based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

Parish.	Area in square miles.	Population	Number examined.
A 12 -			
Acadia	633	23,483	283
Bienville		17,588	548
Caddo	906	44,499	205
Lafayette	259	22,825	267
Lincoln	465	15,898	558
St. Martin	493	18,940	352
St. Tammany	874 888	13,335	304
Union	888	18,530	22 I
Vermilion	1246	20,705	398
Washington	638	9,628	502

2. Sanitary survey,—based on an inspection of privy conditions, at, at least, 100 country homes:

Total No.

Parish.	inspected.
Acadia	
Bienville	
Caddo	
Lafayette	726
Lincoln	
St. Martin	851
St. Tammany	387
Union	475
Vermilion	
Washington	546

II. Getting the people treated.

1. Enlisting the physicians:	
(1) Number of physicians in State	2,033
(2) Number of physicians personally interested	791
(3) Number of lectures to physicians	12
(4) Number of physicians thus reached	696
(5) Number of circulars and letters sent to physicians.	6,500
(6) Number of bulletins sent to physicians	4,627
(7) Number of physicians now treating disease	159
(8) Number of persons treated by physicians	1,197

2. Getting the people to seek examination and treatment:	
(1) Number of schools inspected	431
(2) Number of persons examined clinically	28,978
(3) Number of persons examined microscopically	
(4) Total number of persons examined	
(5) Number of persons treated by field force	
(6) Total number of persons treated on record	9, 429

3. Work of county dispensaries	3.	Work	of	county	disper	isaries	:
--------------------------------	----	------	----	--------	--------	---------	---

	Amt. of	Duration of	Expendi-
Parish.	appro.	campaign.	tures.
Bienville	\$100.00	6 weeks	\$100.00
Caddo	150.00	Running.	
Jackson	150.00	Not begun.	
Lincoln	100.00	6 weeks	127.50*
Morehouse	200.00	Not begun.	
Rapides	100.00	Not begun.	
St. Tammany	150.00	6 weeks	75.0 0
Union	100.00	Running.	
Washington	100.00	б weeks	100.00
-			
Totals\$	1,150.00	24 weeks	\$40 2.50

Number of persons and times treated. Total No. Total No. Parish. people of One. Two. Three. Four. Five. Six. treated, treatments. Bienville 1183 185 68 54 1183 1490 Caddo • • Jackson 1481 Lincoln 1481 52 29 Ι 215 1779 Morehouse Rapides бо 715 St. Tammany.... 715 261 II 1047 . . Union Washington 1622 741 27 2 1622 2733 34I . . Totals 5001 5001 7049 1402 521 121 ٠ 3 I

4. Work of laboratory:

	Number of examinations.	Positive.	Negative.	Per cent.
Train Field men Central office .	4532	104 1705 128 ———————————————————————————————————	125 2827 893 3845	45.4 37.6 12.5

5. Summary:

(1) Number	of persons	examined			23,598
(2) Number	of persons	treated by pl	hysicians	. I,197	

(3) Number of persons treated by staff.......... 8,232

(4) Total number of persons treated...... 9 429

III. Educating the people in sanitation.

r. By public lectures:

(1)	Number	of	public	lectures	delivered.		 466
ž.Š	T	1	- 1		. 41	1 1	

(2) Estimated number of persons thus reached...... 97,237

^{*}School Board will pay balance of \$27.50.

2. Through the schools:	
(1) Number of teachers in State	4,981
(2) Number of teachers reached by visit	1,760
(3) Number of teachers reached by letter	2,378
(4) Number of teachers reached by bulletins	4,000
(5) Number of teachers reached by institutes	2,277
3. By bulletins, leaflets and special literature: (1) Total number distributed	62,027
4. Through the public press:	
(1) Number of papers in state	219
(2) Number of papers personally visited	104
(3) Number of letters to press	1,200
(4) Number of articles furnished for publication	150

IV. Notes on the work of the year.

- I. Regulations were adopted by State Board of Health requiring Stiles' sanitary privy as a minimum. The Secretary has notified all superintendents of the various parishes that the law concerning closets at the schools must be complied with. The State Board of Education is backing the regulation of the State Board of Health. Superintendent Harris has requested reports on school closets from parish superintendents and is backing the regulation of the State Board of Health.
- 2. Haynesville has a law requiring the installation of sanitary closets in all homes. The authorities established a closet license of 40 cents per month, the town assuming the task of remodeling all closets to conform to the law. Janesville and Pearl River have adopted laws requiring sanitary closets. The citizens of Opelusas voted a tax for sewage system.
- 3. Lincoln parish adopted resolutions endorsing the sanitary work now going on in the State for the eradication of hookworm disease and pledged themselves to the improvement of sanitary conditions at the public schools. St. Tammany, La-

fayette, Tangipahoa, and St. Martin adopted regulations requiring sanitary closets in all schools. Estimated number of sanitary privies built, 1,500.

- 4. The health officer of St. Tammany parish has agreed to continue the free treatment of patients after the regular campaign closes, doing this work on Saturdays. The parish made an appropriation of \$75 to continue the free treatment for hookworm disease. The health officer of Washington parish has also agreed to continue the free treatment of patients for hookworm disease.
- 5. The Louisiana State Medical Society at its annual meeting in Shreveport adopted resolutions approving the work of the campaign to eradicate hookworm disease; the Society pledged itself to coöperate and urged upon the police juries of the different parishes and the medical profession in Louisiana the necessity of community action; it recommended that appropriations be made for the dispensary work.

MISSISSIPPI.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

	Area	in		Number
County.	' square	miles.	Population.	examined.
Alcorn	40	2	14,987	208
Clarke	66	4	17,741	215
Covington	57	7	13,076	508
George				902
Harrison	98	2	21,002	219
Itawamba		5	13,544	347
Jeff Davis				283
Jones		4	17,846	1,108
Lafayette	67.	3	22,110	199
Lincoln	57	4	21,552	1,333
Marion	1,09	5	23,501	1,472
Newton	56	l	19,708	541
Pearl River	66	3	6,697	395
Rankin	77	4	20,955	435
Scott	58.	4	14,316	542
Simpson	57	3	12,800	482
Tishomingo	43.	3	10,124	372

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes.

County.	Total number inspected.
Alcorn	
Itawamba	351
Jones	139
Lamar	140
Leake	250
Marion	
Pearl River	
Smith	239
Tishomingo	261

II. Getting the people treated.

1.	Enlisting the physicians:	
	(1) Number of physicians in State	1,783
	(2) Number of physicians personally visited	1,350
	(3) Number of lectures to physicians	16
	(4) Number of physicians thus reached	
4	(5) Number of circular letters sent to physicians	5,835
	(6) Number of bulletins sent to physicians	
	(7) Number of physicians treating the disease	786
	(8) Number of persons treated by physicians	15,803

(2) Nui (3) Nui (4) Tot	nber of nber of nber of al num	schoo perso perso ber o	ols inspons exa ons exa of pers	p e ct e d amined mined sons ex	clinica micros	llycopica	tment :	. 21,194 . 14,757 . 35,951
3. Work of	county	dispe	nsarie	s:				
Cou	inty.		Amt. c	of Co. a	pp.	Du	ration of c	ampaign.
George Harriso Jackson Jones . Lamar Lincoln Leake . Marion Neshobe Pearl F Scott . Tishom Winston	n		I I I 2 2 I I I I	50.00 50.00 50.00 58.10 50.00 00.00 25.00 81.50 50.00 50.00 50.00 50.00 60.00			Runnii 6 wks. 4 Runnii 9 week 6 week Runnii 5 week 5 moni 5 week 4 wks. 3 3 week 5 week Runnii	das. ng ss ss ng ng ss ss ss das. ss
	s			14.60			64 week	
County. George Harrison Jackson Jones Lamar Lincoln Leake Marion Neshoba Pearl River Scott Tishomingo Winston Totals	Numbee One. ' 997 2621 2532 1583 671 610 1078 1883 2480 162 771	Two. 869 1973 1462 931 173 180 462 706 1403 33 197	ersons	and tin	nes tre: . Five 5 . 64		Total No.	Total No. of treatments. 2802 6948 4995 3003 908 808 1742 2923 4839 196 991 30155
4. Work of la (1) To (2) Nu (3) Nu (4) Pa	borator stal nur mber of mber o rasites Necator Hymen	nber f exa f exa found r Am	of exmination of the contract	caminations positions ne	ionssitive h	ookwo hook	ormvorm	. 1600 500 1100

MISSISSIPPI.	45
Agchylostoma duodenale Strongyloides intestinalis Oxyuris vermicularis Circomonas intestinalis Balantidium coli Taenia saginata	7 5 2 2 1 1
Total	539
5. Summary: (1) Number of persons examined by State organization. (2) Number of persons treated by physicians 15803 (3) Number of persons treated by staff 19,296	35,951
(4) Total number of persons treated	35,009
III. Educating the people in sanitation.	
By public lectures: (1) Number of public lectures delivered (2) Estimated number of persons thus reached	302 51,640
2. Through the schools: (1) Number of teachers in State	5,440 1,500 1,226 5,440 3,760
3. By bulletins, leaflets and special literature: (1) Total number distributed	246,000
4. Through the public press: (1) Number of papers in State	258 130 150 310

IV. Notes on the work of the year.

I. The attitude of the public relative to public-health work is wholly different from what it was beginning with June I, 1910. The State Medical Association has been awakened as never before in behalf of medical legislation. The incoming legislature unquestionably has a more intimate knowledge of the needs of the State along public-health lines than during any previous session of the State legislature. The legislature

convenes at noon on Tuesday, January 2, 1912. Five bills will be presented to the legislature for consideration, namely, "A bill amending the Medical Practice Act requiring a high-school training for the study of medicine and the M. D. degree from a reputable medical college before being admitted to the licensing examination for the practice of medicine"; "A bill requiring the reporting of births and deaths of the entire State"; "A bill making it possible for the building of sanitary closets at every school-house in the State"; "A bill legalizing the inspection of hotels, trains, railway cars, depots, and public buildings."

- 2. By a regulation of the State Board of Health the public drinking cup has been abolished during the past year on all trains of the State. This regulation is also applied to schools and public buildings.
- 3. The record relative to the building of sanitary closets as near as can be determined is five hundred.
- 4. Many towns and cities have passed regulations resulting from the campaign during the past year. Amory, Miss., voted the issuance of bonds to the amount of \$60,000 for sewerage, largely the result of this work. Laurel, Miss., has passed an ordinance requiring sanitary closets and the safe disposal of waste. Lexington, Miss., has also passed such an ordinance.
- 5. I think it is perfectly conservative to state that 60 per cent of the county health officers of the State are more actively interested in public-health work.
- 6. Public sentiment has been bettered to the extent of, I should say, 70 per cent.
- 7. The public-health work during the past year has progressed along all lines in a very satisfactory manner. There

has been a general awakening on the part of the people throughout the State in regard to better sanitary conditions about the home, around the school, and in all community life. Public sentiment has been aroused in behalf of the campaign for improved sanitary conditions. However, the problem of eradicating any disease is an enormous task, but with a continuously aggressive and determined effort on the part of public-health officials within a relatively short time Mississippi, as well as the entire South, can be revolutionized in the protection of human life by preventing not only hookworm disease, but also the other common preventable diseases.

8. In my opinion the Rockefeller Sanitary Commission has been instrumental in creating a movement throughout the South which will ultimately have its effect upon the entire country. It is undoubtedly a monumental undertaking and will result in untold and incalculable good to the South and to the entire country.

NORTH CAROLINA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

	Area in		Number
County.	sq. miles.	Population.	examined.
Burke,	 400	21,408	426
Caldwell,	 450	20,579	337
Columbus,	 750	28,020	263
Cumberland,	 900	35,284	1537
Davie,	 500	13,394	225
Duplin,	 670	25,442	257
Hertford,	 340	15,436	389
Johnston,	 740	41,401	394
McDowell,	 440	13,538	287
Mitchell,	 240	17,245	210
Montgomery,	 570	14,967	248
Pender,	 80 0	15,471	612
Pitt,	 820	36,340	412
Randolph,	 900	29,491	254
Robeson,	 950	51,945	1,411
Rowan,	 461	37,521	246
Sampson,	 921	29,982	859
Wake,	 777	63,229	200
Warren,	 450	20,26 6	399
Wayne,	 600	35,698	1,943
Yancey.	 400	12,072	557

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

Total No.

County.	Total No. inspected.
Bladen, \	141
Brunswick,	. 336
Buncombe,	. 249
Burke,	365
Caldwell,	. 670
Catawba,	. 198
Chatham,	103
Cleveland,	359
Columbus,	785
Cumberland,	294
Davidson,	143
Davie,	
Duplin,	. 338
Edgecombe,	
Forsyth,	. 157
Gaston,	118
Greene.	240
Guilford.	208
Halifax	721
Harnett.	110
Hertford.	183

Johnston,		265 249
Jones,		206
Lenoir, Lincoln,		312 269
McDowell.		456
Mitchell,	***************************************	597
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	329
	1 ₇	357
Onslow,	• • • • • • • • • • • • • • • • • • • •	473
Pender,	•••••	219
Pitt, Randolph,		260 282
Robeson,		283 477
Rowan,	•••••••••	4// 350
Rutherford,		379
Sampson,		179
Stanly	************	107
Wake,	************************************	133
Warren,	***************************************	444
Wayne,	•••••	211
Wilson,	• • • • • • • • • • • • • • • • • • • •	187
Yancey,	••••••	433
	the people treated.	
	isting the physicians:	Total.
(1)	Number of physicians in State	1,879
(2)		
>=<	Number of physicians personally visited	676
(3)	Number of lectures to physicians	11
(3) (4)	Number of lectures to physicians Number of physicians thus reached	11 300
(3) (4) (5)	Number of lectures to physicians Number of physicians thus reached Number of circular letters sent to physicians.	300 7,061
(3) (4) (5) (6)	Number of lectures to physicians Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians	300 7,061 3,130
(3) (4) (5) (6)	Number of lectures to physicians Number of physicians thus reached Number of circular letters sent to physicians.	300 7,061
(3) (4) (5) (6) (7)	Number of lectures to physicians	300 7,061 3,130
(3) (4) (5) (6) (7)	Number of lectures to physicians	300 7,061 3,130
(3) (4) (5) (6) (7)	Number of lectures to physicians	300 7,061 3,130
(3) (4) (5) (6) (7)	Number of lectures to physicians	300 7,061 3,130
(3) (4) (5) (6) (7) (8)	Number of physicians thus reached	300 7,061 3,130 4,000
(3) (4) (5) (6) (7) (8)	Number of lectures to physicians	11 300 7,061 3,130 4,000
(3) (4) (5) (6) (7) (8)	Number of lectures to physicians	11 300 7,061 3,130 4,000
(3) (4) (5) (6) (7) (8)	Number of lectures to physicians Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians Number of prescription pads Number of physicians treating disease: Number reporting 1910	7,061 3,130 4,000
(3) (4) (5) (6) (7) (8)	Number of physicians thus reached Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians Number of prescription pads Number of physicians treating disease: Number reporting 1910	11 300 7,061 3,130 4,000
(3) (4) (5) (6) (7) (8) (9)	Number of lectures to physicians Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians Number of prescription pads Number of physicians treating disease: Number reporting 1910	7,061 3,130 4,000
(3) (4) (5) (6) (7) (8) (9) Total	Number of physicians thus reached	11 300 7,061 3,130 4,000
(3) (4) (5) (6) (7) (8) (9) Total	Number of physicians thus reached Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians Number of prescription pads Number of physicians treating disease: Number reporting 1910	11 300 7,061 3,130 4,000 1,195
(3) (4) (5) (6) (7) (8) (9) Total	Number of physicians thus reached	7,061 3,130 4,000 1,195 24,709 Total 470 47,289
(3) (4) (5) (6) (7) (8) (9) Total 2. Getting (1) (2)	Number of physicians thus reached Number of physicians thus reached Number of circular letters sent to physicians. Number of bulletins sent to physicians. Number of prescription pads Number of physicians treating disease: Number reporting 1910	11 300 7,061 3,130 4,000 1,195 24,709 Total 470 47,289 37,328
(3) (4) (5) (6) (7) (8) Total 2. Getting (1) (2)	Number of physicians thus reached	7,061 3,130 4,000 1,195 24,709 Total 470 47,289

3. Work of county dispensaries:

Work of county dispensaries:				Microscopic.	scopic.	Clinical.	cal	Total
	Amt.of	Duration of	Duration of Expenditures.					examina-
Doctor and county. (Dr. Page)	Co. app.	campaign.		+	1	-	1	
Robeson Cumberland	\$300	6 weeks 6 weeks	\$274.00	675	690 7620	1,298	600 700	3,263
Bladen	200	5 weeks		131	126	1,352	1,696	3,305
Harnett	200	6 weeks		362	401	1,200	1,514	3,477
Totals	\$1,000	23 weeks	\$801.02	1,943	1,979	4,914	4,510	13,346
(Strosnider) -	\$300	S. Manuelle	300	1.482	727	130	736	2,607
Wayne	300	6 weeks	221.55	822	964	159	177	1,654
Pitt	300	9 weeks	302.08	1,960	1,951	430	185	4,526
Totals	\$300	21 weeks	\$789.92	4,265	3,184	1,540	798	9,787
			Expenditures.	Micr	Microscopic examinations.	Clinical examinations.	cal tions. ex	Total
Doctor and county. (Pridgen)	Amt.of co. app.	Duration of campaign.		+	\[\]	+	J	
Columbus	\$300	6 weeks	\$328.89	213	12	3,719	2,319	6,26,3
Onslow	200	5 weeks	155.68	43	29	3,690	3,583	7,383
Pender	200	6 weeks	176.94	347	162	2,078	2,141	4,728
New Hanover	300	6 weeks	133.45	227	144	300	440	1,120
Totals	\$1,000	23 weeks	794.96	830	385	962'6	8,483	19,494

64,502

24,638

22,651

8,408

8,805

3,315.66

91 weeks

Totals..... \$4,300

7,512 6,443. 2,352 3,467	19,774	2,101	13,346 9,787 19,494 19,774 2,101
4,589 3,499 1,080 1,323	10,491	356	4,510 798 8,483 10,491
1,793 1,824 540 816	4,973	1,428	4,914 1,540 9,796 4,973 1,428
744* 747* 410 882	2,783	77	1,979 3,184 385 2,783
386* 373* 322 446	1,527	240	1,943 4,265 830 1,527 240
248.28 154.10 138.80 148.10	\$689.28	\$240.48	\$801.02 789.92 794.96 689.28 240.48‡
4 weeks 4 weeks 4 weeks 4 weeks	16 weeks	5 weeks	Summary. 23 weeks 21 weeks 23 weeks 16 weeks 8 weeks
\$200 200 200 200	\$800	\$300	\$1,000 900 1,000 800 500
(Covington) Halifax Northampton Warren Hertford	Totals	(Hughes) Brunswick Chowan	Page Strosnider Pridgen Covington Hughes

* Estimated.
† Work not finished and data not in shape for report.
‡ This does not include what has thus far been spent in Chowan county.

Doctor and	Num	ber receiv	ing treatn	nent.		4	A3 . 137
county.	One.	Two.	Three.	Four.		otal No. ble treated.	Total No. treatments.
(Page)					F 2	,	
Robeson		*	۰۰۰۰۰*	*		1,973	3,091
Cumberland		477	89	24		1,839	2,429
Bladen		339	119	5		1,483	1,946
Harnett	981	311	100	19		981	1,411
Total	6,276	1,127	308	48		6,276	8, 877
(Strosnider)							
Sampson	2,347	589	192			2,347	3,128
Wayne		246	16 6	8		824	1,244
Pitt	. 2,333	68o	476	23		2,333	3,512
Total	5,504	1,515	834	31		5,504	7,884
(Pridgen)							
Columbus	3,920	II	1			3,920	3,932
Onslow		547	21	I		3,164	3,733
Pender	1,719	646	5 <i>7</i>	3		1,719	2,425
New Hanover	419	108	9	• • • •		419	536
Total	9,222	1,312	88	4	•	9,222	10,626
(Covington)							
Halifax	2,170†	460†	222†	118†		2,179†	2,979
Northampton .	2,197	261†	160†	8o†		2,197†	2,698
Warren	862	331	212	180		862	1,585
Hertford	1,262	380	178	61		1,262	1,881
Total	6,500	1,432	772	439		6,500	9,143
(Hughes)					Five.		
Brunswick	1,670	865	416	126	22	1,670	3,099
# 37d							

^{*} No record and no estimate. † Estimated.

Summary.

								14 C
	Total No		8,877	7,884	10,626	9,143	3,099	39,629
	Total No	Five. people treated.	6,276	5,504	9,222	6,500	1,670	29,172
ıt.		Five.	:	:	:	:	22	22
treatmer		Four.	84	3I	4	439	126	648
Number receiving treatment.		Three.	307	834	88	772	416	2,418
Numbe		Two.	1,127	1,515	1,312	1,432	865	6,251
		One.	:	:	:	:	:	:
			Page	Desident	Lings II	Covington	ringnes	Total

Additional counties making appropriations for county dispensaries: Craven, Carteret, Beaufort, Edgecombe, Bertie, Wake, Person, Vance, Gates, Johnston.

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	Total.	20,115	13,332	2,761	1,078	409	126	20	17	63	6,783
	Dec. 31.	1,864	1,408	336	• 64	31	88	00	3	0	456
	Sept. 30.	2,300	1,624	290	δ	91	7	14	61	I	929
	June 30.	906'9	4,909	1,600	280	225	25.	46	9	0	1,997
	March 31.	9,045	5,391	3,226	929	137	8	II	9	н	3,654
4. WOLK OF JADOUATORY TOT 1911:	Quarter ending:	Number of specimens examined	Number of specimens negative	Number of specimens ascaris ova	Number of specimens ascaris ova	pecimens	Number of specimens tricnocephanes	Number of specimens strongyloides	Number of specimens oxyuris	Number of specimens 1. Saginta	Number showing some form of infection

5. Summary:	
(1) Number of persons examined	64,502
(4) Total number of persons treated	45,881
III. Educating the people in sanitation	
I. By public lectures:	Total
(1) Number of public lectures delivered	483
(2) Estimated number of persons thus reached	39,579
2. Through the schools:	
(1) Number of teachers in State	8,422
(2) Number of teachers reached by visit	982
(3) Number of teachers reached by letter	5,115
(4) Number of teachers reached by bulletins	8,387 2,261
(5) Number of teachers reached by histitutes	2,201
3. By bulletins, leaflets, and special literature:	
(1) Number of bulletins distributed	36,500
(2) Number of leaflets distributed	90,000
(3) Number of hookworm pamphlets distributed (4) Number of sanitary privy pamphlets distributed	80,500
(4) Number of Sanitary privy paniphlets distributed	80,500
4. Through the public press:	Total.
(1) Number of papers in State	306
(2) Number of papers personally visited	191
(3) Number of letters to press	3,345
(4) Number of articles furnished for publication (5) Other literature or letters:	300
Letters to Superintendents of schools 217	
Letters to County Commissioners 400	
Letters to Women's Club members 59	
Letters to Legislators 100	776
* Dispensary lectures not counted.	776

- 1. As a result of the campaign activities against hookworm disease the State Legislature, in increasing the health appropriation of the State, provided \$5,000 to be used supplementary to the funds of the Rockefeller Sanitary Commission.
- 2. In revising the State health laws it was stipulated that where county superintendents of health are employed for their

entire time there shall be medical examination of all publicschool children of the county. This examination includes the common physical defects and hookworm disease.

- 3. A number of municipal boards have passed ordinances requiring the installation and use of sanitary privies. Among the towns having taken such action are Rocky Mount, Lumberton, Jacksonville, Richlands.
- 4. The county superintendents of schools and the county boards of education have been found interested and responsive. They have been ready to do what their funds and the law will permit toward improving conditions. The county boards of education in a number of counties stand ready to pay a health officer to work among public-school children. County boards of commissioners have provided liberally for the county dispensaries and are extending the duties of county superintendents of health.
- 5. Guilford county has employed a county superintendent of health for his entire time. Columbus has a county superintendent of health on salary and requires that he treat hookworm disease and visit schools. Moore county has a superintendent of health for one-half his time. He has been visiting schools and has treated a large number of cases of hookworm disease. The Brunswick county superintendent of health has, in company with the county superintendent of schools, visited all the schools of the county and lectured on sanitation, flies, and hookworm disease. The superintendents of health in Pender, Pitt, and a number of other counties are devoting more time to health work.
- 6. County boards of education in Halifax, Durham, Wayne, Mecklenberg, Columbus, Wake, and a few others, have ordered the building of sanitary privies at the school-houses in these

counties and have begun the work. One hundred privies have already been built at the public school-houses in Rowan county.

7. The campaign work has exercised a wonderful influence on the people generally by awakening them to a realization that our health conditions are far from satisfactory; that little attention is paid to sanitation, and that to this neglect is attributable in large measure our unnecessary sickness, our physical and mental lassitude, our thriftlessness and poverty. Though the work of improving sanitation will move slowly, progress is already noticeable and is gaining momentum.

SOUTH CAROLINA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in sq. miles.	Population.	Number examined.
Marion Clarendon Hampton	. 710	35,181 28,184 23,738	259 189 740

 Sanitary survey, based on an inspection of privy conditions at at least 100 country homes: Total No.

County.	inspected
Marion	795
Clarendon	220
Hampton	232
Beaufort	1,046

II. Getting the people treated.

r. Enlisting the physicians:

Number of physicians in State	1,113
Number of physicians personally interested	228
Number of lectures to physicians	8
Number of physicians thus reached	350
Number of letters and circulars sent to physicians	2,226
Number of bulletins sent to physicians	4,000
Number of physicians now treating the disease	100

2. Getting the people to seek examination and treatment:

Number of schools inspected	368
Number of persons examined clinically	7,940
Number of persons examined microscopically	3,052
Number of specimens positive	1,603
Total number of persons examined	10,992
Number of persons treated by field force	3,246
Number of persons treated by physicians	1,774
Total number of persons treated on record	5,020
Estimated number treated, not reported	5,000

3. Work of county dispensaries:

0	No.	or per	sons ar	Total No.				
County.	One.	Two.	Three.	Four.	Five.	(?)	people treated.	treat- ments.
Hampton		468	150	12	3	• • •	743	1,377
Marion		110	48	• •	• •		931	1,038
Clarendon Beaufort		54	• • •	• •	• •	499	552	1,105 348
Deautort	211	39	1	• •	• •	5 3	211	340
							2.437	3,868

4. Laboratory report: Specimens examined	1,26 5 393
5. Summary: Number of persons examined	10,992
III. Educating the people in sanitation.	5,020
r. By public lectures:	
(1) Number of lectures delivered	76
(2) Estimated number of persons reached by these lectures	8,416
2. Through the schools:	
(1) Number of teachers in State	4,255 752
leaflet(4) Number of teachers reached at institutes	1,500 90 0
3. By bulletins, leaflets and special literature:	
(1) Number of bulletins and leaflets distributed	27,057
4. Through the public press:	
(1) Number of papers in the State	 26
(4) Number of articles furnished for publication.	30

- 1. The State Board of Health had an exhibit at the State fair in November. Exhibits were also made at county fairs.
- 2. The county dispensary work has been done in the face of great difficulties. Many of the counties have not authority to appropriate funds for this purpose. The appropriation for the State Board of Health is entirely inadequate. An effort will be made to get the next legislature to enact a law authorizing the counties to make appropriations for the dispensary work.

TENNESSEE.

I. State survey by counties.

I. Infection survey,—based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in sq. miles.	Population.	Number examined.
County.	sq. IIIIcs.		
Knox	. 520	74,302	581
Anderson		17,634	212
Sevier	. 588	22,021	155
Jefferson	310	18,560	201
Sullivan	430	24,935	200
White	. 370	14,157	200
Fentress		6,106	143
Pickett	165	5,366	167
Overton	459	13,353	186
Clay	. 260	8,421	200
Warren	444	16,410	478
Sequatchie	263	3,326	244
Bledsoe	. 400	6,626	304

2. Sanitary survey,—based on an inspection of privy conditions at, at least, 100 country homes:

County.	Total No. inspected.
Anderson	100
Sevier	200
Jefferson	
White	200
Fentress	
Pickett	200
Overton	200
Clay	200
Madison	407
Fayette	
Warren	
Cannon	. 306
Bledsoe	
Sequatchie	200

II. Getting the people treated.

1. Enlisting the physicians:

	Total.
(1) Number of physicians in State	3,449
(2) Number of physicians personally interested	288
(3) Number of lectures to physicians	
(4) Number of letters and circulars sent to physician	ıs. 5,956
(5) Number of bulletins sent to physicians	6,000
(6) Number of physicians now treating the disease.	
(7) Number of persons treated by physicians	. 666

2. Getting the people to seek examination and treatment: (1) Number of schools inspected							
3. Work o	f county dis	pensaries		Amt. of	D	uration of	
County.				appro.	C	ampaign.	
White				\$150.00		15 days	
Fentress				25.00		5 weeks	
Pickett Warren				100.00		4 weeks 37 days	
Clay				25.00		Not begun	
Totals	• • • • • • • • • • •			\$450.co		19 weeks	
	ne. Two.	Three.	Four	. Five.	Total No. people treated.	Total No. treat- ments.	
White	191 24	7	3	I	191	226	
Fentress	215 61	23	8	2	215	309	
Warren 2	259 136	87	I		259	483	
-	665 221	117	12		665	1,018	
4. Report (1) T (2) N (3) N (4) N (5) N (6) N (7) N 5. Summar 1. Nu 2. Nu	of laboratory otal number lumber conta	of special	imens lokwo ricoph xyuris scaris enia r ænia nined	examine rm ova. alus disp vermiso nana saginata	darularis	607 128 19 5 89 10 4 14,783	
III. Educ	ating the p	eople i	n san	itation.		2 _: 735	
		-					
1. By public lectures: (1) Number of public lectures delivered							
(1) (2) (3) (4)	Number of	teachers teachers teachers teachers	reache reache reache	ed by vis ed by lett ed by bul	it er letins	1,230 535 1.756	

3.	Вy	bulletins,	leaflets,	and	special	literature:
----	----	------------	-----------	-----	---------	-------------

- (1) Total number of bulletins and leaflets distributed. . 55,540
- 4. Through the press:

(1)	Number	of papers in State	. 319
(2)	Number	of papers personally visited	. 45
		of letters to press	
(4)	Number	of articles furnished for publication	. 123

- 1. Sentiment has been created for specific health legislation, which we hope will result in the passage of important publichealth measures at the next session of the legislature.
- 2. Sanitary ordinances were enacted in three towns. These ordinances require the immediate building of sanitary closets at all homes.
- 3. The county boards of education in White, Sevier, Scott, Clay, Madison, Warren, Cannon, and Davidson counties have ordered sanitary closets built for all public schools.
- 4. Our work has received endorsement and commendation in resolutions adopted by medical societies, teachers' associations, boards of education, boards of health, county courts, and other organizations.
- 5. In October and November for five weeks a special train, called "The Agriculture-Health-Education Special," was run over the lines of the Southern Railway in east Tennessee. The train was composed of eight cars; it contained exhibits from the departments of agriculture, health, and education. One of the most extensive exhibits was that devoted to hookworm disease. A laboratory was carried on the car and demonstrations and diagnoses were made throughout the trip. The exhibit was seen by more than 40,000 persons; more than 250,000 pieces of literature were distributed.

- 6. Infection has been demonstrated in every county in the State except Lewis; we have had no opportunity for investigation in this county.
- 7. Active field work has been prosecuted in four west Tennessee counties, in eleven east Tennessee counties, and in four middle Tennessee counties. The heaviest infection has been found in the highland counties of middle Tennessee and those immediately adjacent in east Tennessee. The infection surveys in these counties show an infection ranging from 48 per cent to 73 per cent among rural children of school age.
- 8. It is not possible to give accurate information concerning the number of physicians now treating cases. We are constantly hearing of cases treated concerning which we have had no information from the physicians.
- 9. The dispensaries have been successful. We have not been able to report large numbers of cases treated. The thing which most interfered with dispensary work was the unusually inclement weather, which has continued from the opening until the present time. The work that has been done has been thoroughly done, and we expect each case to be a living, walking advertisement for the work. The people are watching, they are seeing, and they are being convinced. Individual members of all the county courts making the appropriations have expressed themselves as pleased with what has been accomplished.
- 10. The growth of sentiment in favor of sanitation cannot be expressed in words and figures. That there has been a wonderful increase of interest along this line can be discovered in casual conversations in any community where the work has been prosecuted.

VIRGINIA. 63

VIRGINIA.

I. State survey by counties.

I. Infection survey,—based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

•	Area in		Number
County.	sq. miles.	Population.	examined.
Brunswick	529	19,244	361
Campbell	554 806	52,537	425
Halifax	806	40,044	252
Lunenburg	471	12,780	4 7 8
Mecklenburg	640	28,956	947
Northumberland	235 986	10,777	219
Pittsylvania	98 6	69,729	343
Richmond	188	7,415	516 286
Southampton	609	26,302	286
Westmoreland	245	9,313	223

2. Sanitary survey,—based on an inspection of privy conditions at, at least, 100 country homes:

County.	Total No. inspected.
Brunswick	103
Campbell	228
Halifax	150
King George	204
Lancaster	154
Lunenburg	
Mathews	
Mecklenburg	212
Middlesex	175
Northumberland	
Pittsylvania	224
Richmond	
Southampton	182
Westmoreland	. 115

II. Getting the people treated.

I. Enlisting the physicians:	Total.
Number of physicians in State	2,300
Number of physicians personally interested	508
Number of lectures to physicians	49
Number of physicians reached	1,250
Number of letters and circulars sent to physicians	25.555
Number of bulletins sent to physicians	9,200
Number of physicians now treating disease	513
Number of persons treated by physicians	4,420

2. Getting the Number of school Number of fam Number of pers Number of pers Number of pers Number of pers Total number of pers Total number of Estimated number of the Number of Pers Total number of the Number of	ools in ilies sons e sons e f pers	nspecte examin examin examin cons ex created	ed ed cli ed mi camine by fi	nically crosco ed	picall	y		714 1,220 15,404 6,986 2,374 23,300 4,448 8,868
3. Work of	coun	ty dis	pensa	ries:				
		Ar	nt. of				ion of	
County.		_	pro.			camp	_	penditures.
Halifax						24 da		\$77.30
Lunenburg Pittsylvania			00.00			24 da 42 da		
I ittsylvama						42 ua	ys 	
		\$30	00.00			90 đa	ys	\$77.30
County.		Two.					Total No people treated.	. Total No. treat- ments.
Halifax		179	5				240	414
Lunenburg	150	123	20	19	I	I	150	314
Pittsylvania	204	115	3	I	I	I	204	326
Totals	594	417	29	20	2	2	594	1,064
4. Repo	rt of	labora	tory:				Per	centage.
(1) Total number (2) Number sho (3) Number of (4) Number of (5)	wing specin	ĥookw iens n	orm egativ	infecti e	on		1,416	32.31 54·57
tion							491	11.24
(5) Number of s(6) Number of s	pecim	ens ex	amine	ed for	intes	tinal	par-	1.78
asites		• • • • • •	• • • • • •				1.911	,
5. Summary: 1. Numb 2. Numb 3. Numb	er of	perso	ns tre	ated t	y ph	ysicia	4,4	22,390 120 148
4. Tot	al per	rsons	treate	d	<i>.</i>			8,868
III. Educati	ing t	he pe	ople	in sa	nita	tion.		
By public 1	ectur	es:						
Number	of p	oublic	lectur of per	es del	ivere each	d ed		8 74 93,499

2. Through the schools:	
(1) Number of teachers in State	9,000
(2) Number of teachers reached by visit	1,215
(3) Number of teachers reached by letter	2,250
(4) Number of teachers reached by bulletins	9,000
(5) Number of teachers reached at institutes	2,500
3. By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed 4. Through the public press:	44,500
	268
(1) Number of papers in State	
(2) Number of papers personally visited	42
(3) Number of letters to press	125
(4) Number of articles furnished for publication	116

- I. Regulations by the State Board of Health adopted in July, 1910, requiring sanitary privies at all the public schools went into effect January 1, 1911. These regulations were adopted by the State Board of Education and published as a part of the State law. The work of building sanitary privies at the schools has been in progress, though it was not expected that the work would be completed within one year.
- 2. Alexandria county has adopted a privy regulation and is enforcing it.
- 3. City and town boards of health and councils have adopted privy ordinances during the year as follows: Fredericksburg, Roanoke, Ballston, Basic City, Blacksburg, Boydton, Chase City, Crewe, Emporia, Floyd, Fordwick, Gordonsville, Kenbridge, Lexington, Pinners, Smithfield, South Hill, Stuart, Waynesboro, Williamsburg, Victoria. In Williamsburg the installation of sanitary privies was followed by a reduction in the number of cases of typhoid from an average of 30 a year to 4 for 1911. In addition to the towns adopting and enforcing the privy regulations, two towns, Chase City and Law-

66 VIRGINIA.

renceville, are issuing bonds for sewers and several other towns are contemplating the same step.

- 4. In Richmond county all white schools have been provided with two sanitary privies; colored schools are being equipped. In Lancaster county trustees and supervisors have agreed in writing to furnish two sanitary privies for every school; the work is in progress. In Northumberland and Westmoreland counties similar action was taken; work is in progress. In Lunenburg county the trustees have ordered privies for all schools; some have been installed. In Mecklenberg county school trustees requested that funds be provided by supervisors for privies at all schools; so far supervisors have not appropriated the funds. In Greenesville county trustees have agreed to equip all schools by fall of 1912; work is in progress. In Halifax trustees have ordered privies at all schools; work is in progress. In Campbell county resolution ordering privies at all schools has been adopted, but work has not yet begun.
- 5. In cities and towns, according to reports of mayors and health officers, at least 4,500 privies have been built. In schools in rural districts there have been installed 135 privies by count. In homes in rural districts, 204 privies of which we have record.
- 6. In districts in which active work has been done local boards have been much strengthened. The policy of the State Board of Health is to remove from local boards members who do not coöperate with the hookworm work. This has been done in one case and the reason therefor communicated to the member removed.

CHAPTER III.

GENERAL SUMMARY.

Table 2 .- Infection Survey-Summary.

State.	No. counties surveyed.	No. children examined.
Alabama	. 2	840
Arkansas	. 9	2,685
Georgia	. 2	568
Louisiana	. 10	3,638
Mississippi	. 17	9,561
North Carolina		11,466
South Carolina	3	1,188
Tennessee	. 13	3,271
'Virginia	. 10	4,05C
	_	
Total	. 87	37,267

Percentage of infection by counties ranges from 2.5 to 90.2.

TABLE 3.—Enlisting the Physicians.

State,	Number of physicians in State.	Number of physicians personally instructed.	Number of lectures given to physicians.	Number of physicians reached.	Number of letters and circulars sent to physicians.	Number of bulletins sent to physicians.	Physicians now treating the disease.
Alabama	2,200	227	22	294	I,200	•	227
Arkansas	3,600	675	49	750	7,500	5,000	200
Georgia	2,887	482	11	429	2,887	2,887	069
Louisiana	2,033	162	12	969	6,500	4,627	159
Mississippi	1,783	1,350	16	831	5,835	21,336	984
North Carolina	1,879	929	11	300	7,061	3,130	1,195
South Carolina	1,113	228	S	350	2,226	4,000	100
Tennessee	3,449	288	28	:	5,956	000'9	256
Virginia	2,300	508	49	1,250	25,555	9,200	513
Total number of physicians in eight States	sicians in eigh eating the dis	nt States					21,244

TABLE 4.—Dispensary Summary.

9040		Number	Number of persons and times treated.	and times	treated.	•	Total No.	Total No.
ylalc.	One.	Two.	Three.	Four,	Five.	Six.	persons treated.	treatments.
Alabama	19,489	3,492	751			•	19,489	23,732
Arkansas	287	185	55	OI	:	:	287	537
Georgia	972	III	12	4	ı	:	972	I, IOO
Louisiana	5,001	1,402	521	121	'n	I	5,001	7,049
Mississippi	15,388	8, 389	4,898	1,370	104	9	15,388	30,155
North Carolina	29,172	6,251	2,418	648	22	:	29,172	38,511
South Carolina	2,437	129	199	12	33	(?) 552	2,437	3,874
Tennessee	665	221	117	12	3	:	999	1,018
Virginia	594	417	29	50	6	6	594	1,064
Total	74, 005	21,139	6,000	2,197	138	192	74,005	107,040

TABLE 5.—Dispensary Summary.

State.	Number of counties operating.	Duration of campaign.	Total appropriated by counties.
Alabama	12	83 weeks.	\$2,035.00
Arkansas	τ	3 weeks.	50.00
Georgia	2	12 weeks.	300.00
Louisiana	9	24 weeks.	1,150.00
Mississippi	13	64 weeks.	2,114.60
North Carolina	17	91 weeks.	4,300.00
South Carolina	4	38 weeks.	
Tennessee	5	19 weeks.	550.00
Virginia	3	15 weeks.	300.00
Total	66	349 weeks.	10,799.60

Total number of counties making appropriations for dis	pen-	
saries		85
Total amount appropriated	\$10	0,799.60
Total number persons treated by dispensaries		74,005

TABLE 6.—Sanitary Survey.

State.	No. of counties surveyed.	No. of homes inspected.
Alabama	7	2,502
Arkansas	11	6, 159
Georgia	11	4,981
Louisiana	II	6,485
Mississippi	9	2,428
North Carolina	44	13,251
South Carolina	4	2,293
Tennessee	14	2,898
Virginia	14	2,451
-		
Total	. 125	43,448

TABLE 7.—Pulling a Slop to Soil Pollution—Educating the People.

		Thr	Through the schools.	1001s.		Through public lectures.	blic lectures.
State,	Number of		Teacher	Teachers reached.		Number of	Estimated number of
	teachers in State.	By visit.	By letter.	By bulletin or leaflet.	At institutes.	lectures given.	reached by these lectures.
Alabama	6,434	361	380	410	100	161	15,000
Arkansas	9,522	805	5,400	5,400	1,600	337	50,550
Georgia	8,714	845	"only a few"	7,500	850	621	50,058
L'ouisiana	4,981	1,760	2,378	4,000	2,277	466	97,237
Mississippi	5,440	1,500	1,226	5,440	3,760	302	51,640
North Carolina	8,422	982	5,115	8,387	2,261	483	39,579
South Carolina	4,255	752	:	1,500	006	92	8,416
Tennessee	8,466	1,230	545	1,756	1,200	300	45,898
Virginia	000,6	1,215	2,250	000,6	2,500	8,4	93,499
Total	65,234	9,450	17,294	43,393	15,448	3,620	451,877

GENERAL SUMMARY.

TABLE 8.—Pulting a Stop to Soil Pollution—Educating the People.

	Attitude of press.	"Very favorable,"	"Generally favorable."	save three is supporting this	"Good—gave all the space neces-	"Generally favorable and many	"Excellent."	"Favorable,"	"Generally favorable."	"Almost without exception en-	4
	Articles furnished for publication.	49	110	655	150	310	300	30	123	911	1,843
the press.	Letters to press.	:	360	295	1,200	150	3,345	177	110	125	5,762
Through the press	Number personally visited.	61	35	81	104	130	161	26	45	42	673
	Papers in State.	258	310	375	219	258	306	221	319	268	2,490
Through bulletins.	Number of bulletins and leaflets distributed.	71,000	61,324	33,988	62,027	246,000	307,000	27,057	55,540	44,500	908,436
	· State.	Alabama	Arkansas	Georgia	Louisiana	Mississippi	North Carolina	South Carolina	Tennessee	Virginia	Total

Table 9.—Examinations and Treatments.

Examinations.

Persons treated

400	Clinical.	Microscopical.	Total.	By physicians.	By staff.	Total.
Claric			,	d	0.	0
Alabama	33,931	2,640	36,571	3,870	19,409	23,359
	4,000	3,460	7,460	1,500	287	1,787
Georgia	28,932	7,816	36,748	7,228	972	8,200
Kentucky	:	834	834	:	:	:
Louisiana	28,978	5,975	34,953	761,1	8,232	9 429
Mississippi	21,194	14,757	35,951	15,803	19,296	35,099
North Carolina	47,289	37,328	84,617	602'91	29,172	45,881
South Carolina	7,940	3,052	10,992	1,774	3,246	5,020
Tennessee	6,907	7,876	14,783	999	2,069	2,735
Virginia	15,404	986'9	22,390	4,420	4,448	8,808
Total	194,575	90,724	285,299	53,167	87,211	140,378

TABLE 10.—Summary of Expenditures.

		By Com	mission.	
	By State.	For salaries and expenses.	For equip- ment.	Total.
Alabama	\$3,088.75	\$10,401.98		\$13,490.73
Arkansas	50.00	12,709.33	\$666.73	13,426.06
Georgia	1,802.30	17,011.03		18,813.33
Louisiana	5,995.00	9,949 - 35	548.25	16,492.60
Mississippi	7,014.00	17,253.38	250.70	24,518.08
North Carolina	9,300.00	18,503.16	117.90	27,921.06
South Carolina	291.98	11,963.82	170.10	12,425.90
Tennessee	1,546.70	15,041.11	289.80	16,877.61
Virginia	1,300.00	14,349.93	428.50	16,078.43
Total	\$30,388.73	\$127,183.09	\$2,471.98	\$160,043.80
Administrative ex	penses:			
		y's office	• • • • • • • • • • • • • • • • • • • •	\$14,384.62
		fice		

^{\$18,752.07}

CHAPTER IV.

EXHIBITS.

1. Maps 1 to 11, showing distribution of hookworm infection in eleven States.

KEY TO MAPS I TO IO.

Red Circle.—Infection heavy.

Red Star.—Infection light.

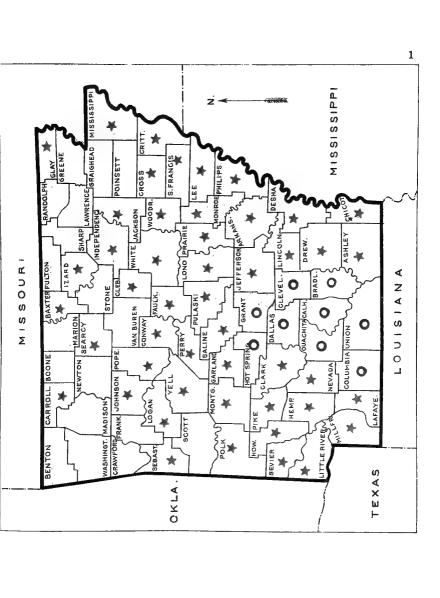
Blue Star.—Infection demonstrated; degree not determined.

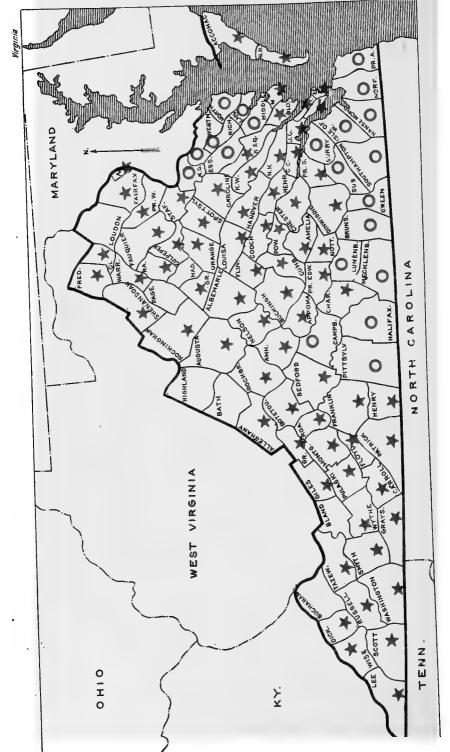
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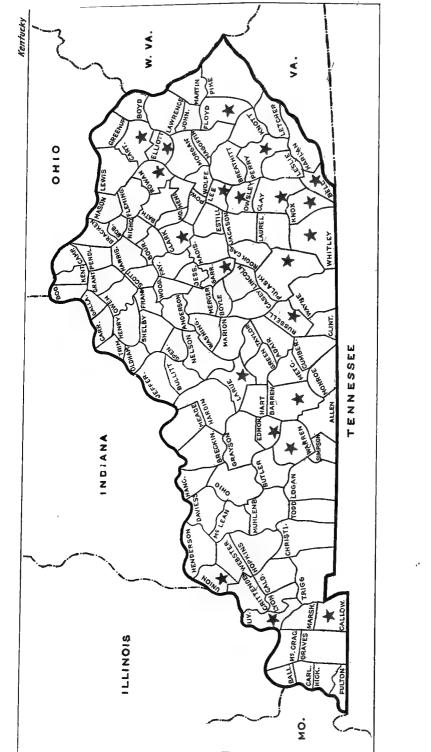
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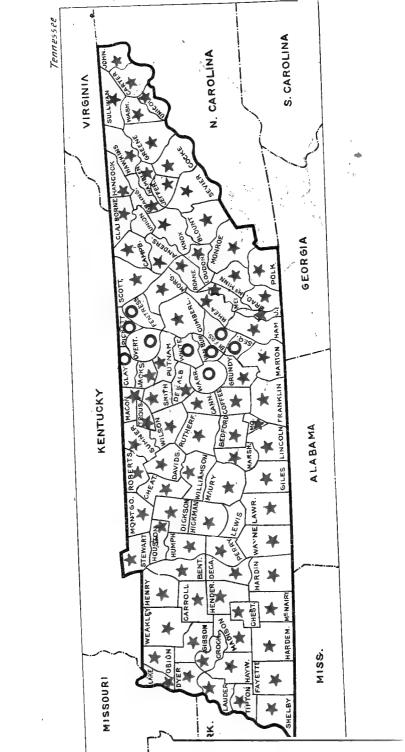
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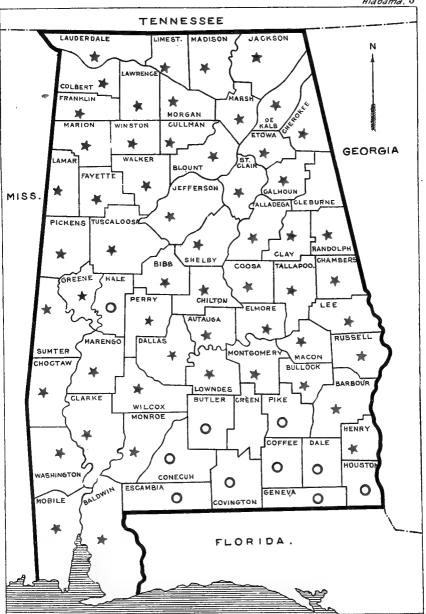
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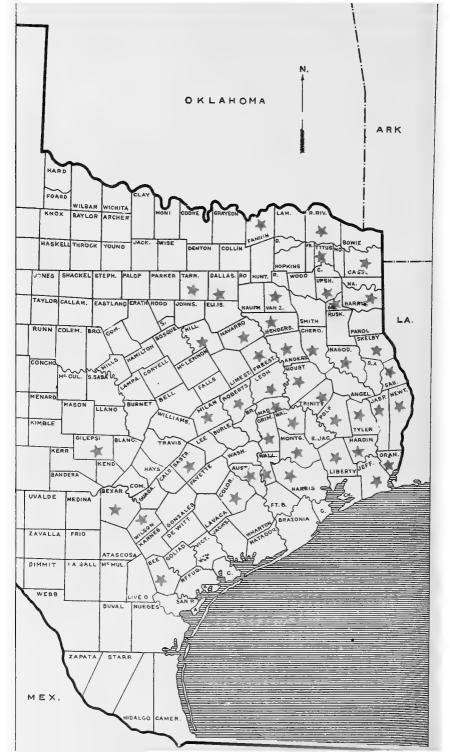


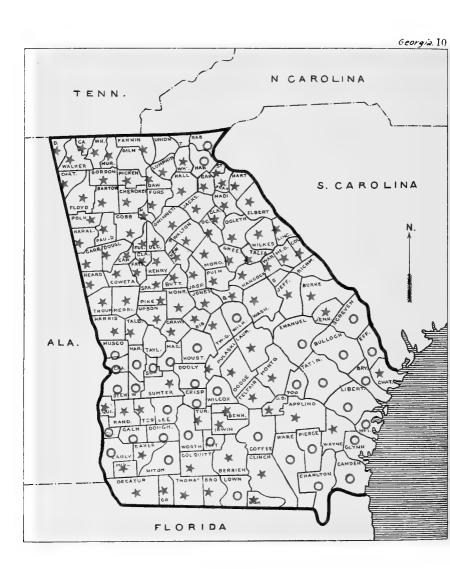












North Carolina PENDER 0 BRUNSWICK BLADEN CUMBERLAND, CHATHAM CAROLINA VIRGINIA UNION SOUTH KEY TO MAP OF NORTH CAROLINA: * INFECTION MEDIUM O INFECTION HEAVY * INFECTION LIGHT TENNESSEE GEORGI W. VA.



EXHIBITS. '89

Forty-six Foreign Countries in Which the Infection is Widespread.

I. Africa:	Area (sq. mi.).	Population.
I. Algeria	184,474	4,739,556
2. British East Africa and Zanzibar		150,000
3. Egypt	400,000	9,734,405
4. Gold Coast Colony	40,000	474,000
5. Lagos and Yuraba	28,910	1,500,000
6. Natal	42,019	983,118
7. Sierra Leone	4,000	76,655
8. Tunis	51,000	1,900,000
II. Americas, The:		
9. Antigua	108	35,000
10. Barbados	166	195,588
11. Brazil	3,218,130	14,333,915
12. British Guiana	104,000	278,328
13. British Honduras	7,562	37,479
14. Colombia	473,202	3,593,600
15. Dominican Republic	18,755	417,000
16. Dutch Guiana or Surinam	46,060	67,128
17. Ecuador	116,000	1,205,600
18. French Guiana	30,500	32,908
19. Guatemala	48,290	1,747,000
20. Honduras	46,250	487,500
21. Jamaica	4,193	743,000
22. Martinique	381	164,000
23. Mexico	<i>7</i> 67,005	13,570,545
24. Nicaragua	49,200	380,000
25. Paraguay	157,000	432,000
26. Panama	31,571	285,000
27. Peru	463,747	2,660,881
28. Porto Rico	3,606	953,243
29. Salvador	7,225	1,006,848
30. Trinidad	1,754	253,000
31. Venezuela	593,943	2,323,527
7b		

III. Asia:

32. Ceylon	25,333	3,578,333
33. China	4,277,170	426,047,325
34. Cochin China	23,160	2,400,000
35. India	1,766,642	2 94,361,056
36. Japan	161,198	46,453,249
37. Java	50,554	26,125,000
38. Korea	82,000	10,528,937
39. Malay States	26,500	676,000
40. Philippine Islands	114,326	7,000,000
41. Samoa	181	55,000
42. Straits Settlements	11,543	572,000
43. Sumatra	162,310	3,472,000
44. Turkish Province of Bagdad	54,503	850,000
IV. Australia:		
45. Queensland	668,497	503,266
V. Europe:		
46. Italy	110,550	32,475,253
	14,464,158	919,858,243

2. Photographs showing:

- (1) Typical cases of hookworm disease and infected groups. Figures 1-6.
- (2) Results of treatment. Figures 7-9.
- (3) Dispensary groups. Figures 10-16.







Fro. I.—Severe cases of hookworm disease, members of the same family, Taylor County, Ky. Five children in family; all were being treated for kidney trouble; one child died October 13, and another October 20; examination made October 23 demonstrated hookworm infection. The children here shown, and one other, have been treated and are recovering.



Fig. 2.—Showing dwarfing effect of the disease. These boys are brothers. Jones County, Miss. No. 1, age 17, weight 156 pounds; light infection. No. 2, age 18, weight 74 pounds; heavy infection.



County, Ga. All infected; the mother and 17-year-old son very severe cases. Fig. 3.—Family group,



Fig. 4.-Family group, Kentucky. Sturdy stock; suffering the handicap of a light infection.

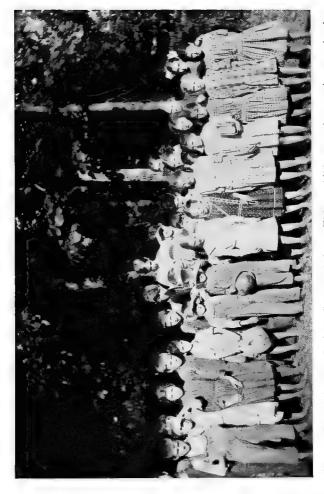


Fig. 5.—School in Hot Springs County, Ark. Thirty children; microscopic examination shows all infected.



Fig. 6.—School in Tift County, Ga. Twenty-four children; microscopic examination showed all infected. All have been treated.

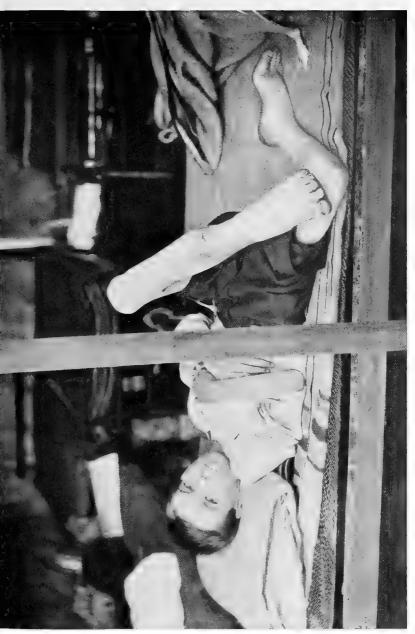


Fig. 7.—Selma Ellis, Cerro Gordo, Columbus County, N. C. Extreme case of hookworm disease; age 16, weight 62½ pounds; anæmic ulcer on leg; ill for 8 years. Photograph made at Fair Bluff, N. C., dispensary, July 29, 1911.



Fig. 8.—Selma Ellis seven weeks later. August 3 his hemoglobin was 14 per cent; red corpuscles 1,050,000; last parasites expelled September 9. On September 16 his hemoglobin was 55 per cent; red corpuscles 4.572,500; weight 79 pounds. Photograph September 16.



Fig. 9.—Selma Ellis, showing the anæmic ulcer healing. Photograph September 16. Compare with photograph of July 29.



Fig. 10.—Dispensary group, Lowndes County, Ga., December 11, 1911.

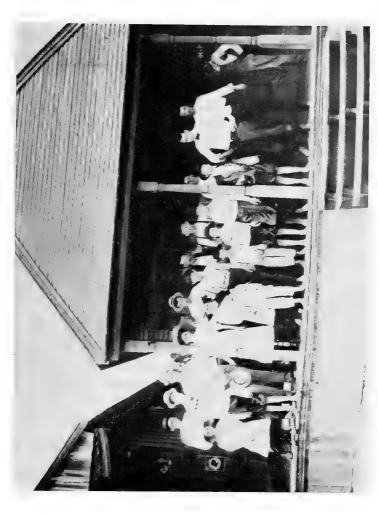


Fig. 11.-Waiting for the dispensary to open. Garland, Butler County, Ala.



Fig. 12.—Dispensary group, 10 miles from railroad, in Tishomingo County, Miss., December 12, 1911. Eighty-three persons treated at this dispensary on that day; some of them came 25 miles.



Fig. 13.-Dispensary group at public school building Fairmont, Robison County, N. C., July, 1911. Treated at this place on that day 187.

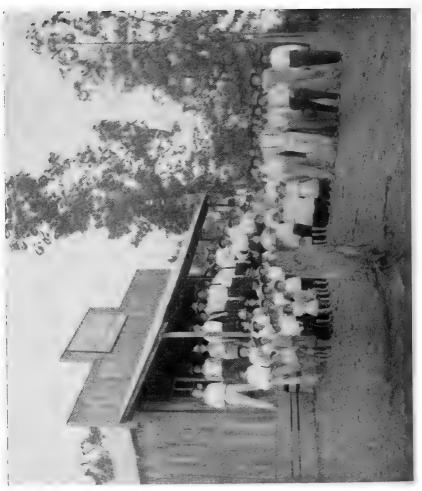


Fig. 14.—Dispensary group, Bienville Parish, La.



Fig. 15.—Tent hospital and dispensary, Jacksonville, N. C., September 6, 1911. Treated on that day 331.



Fig. 16.—Dispensary group, Jacksonville, Onslow County, N. C. People came in by boat, by train, by private conveyance 20 and 30 miles.

3. Typical Record Forms and Letters.

DEAR DOCTOR: You will recall my previous requests for information concerning your experience in treating hookworm disease. The primary object of our campaign is to get sufferers treated by local physicians. We have no way of ascertaining what progress has been made except by obtaining information directly from the various physicians throughout the State. Practically all the State's physicians understanding the motive of our inquiry have cheerfully filled in and returned the blanks. Will you not kindly fill in as accurately as you can and return the enclosed blank while your mind is on it?

The campaign is progressing nicely. Already more than 35,000 people have been reported treated in the State by more than 600 North Carolina doctors; 1,306 doctors replied to the previous request for information; 600 doctors have been using the State Laboratory of Hygiene to have examinations made; 726 have distributed hookworm literature in their practice.

The State and county dispensaries for the free examination and treatment of hookworm disease, that have already operated in eight counties and have been provided for in six others, have afforded the most gratifying stimulus yet tried for arousing the people. After we have remained six weeks in a county and gone, the results of treatment having been made apparent in every direction, the people in many instances who previously seldom consulted physicians seek treatment from the regular practitioners.

A wholesale drug house reports a great increase in the sale of thymol among the doctors in the counties where the dispensaries have been. The physicians, county commissioners, and the public have been highly pleased with the results. Please fill in the enclosed blank and return, and help the cause in every way possible.

in every way possible.
Very truly yours, Jno. A. Ferrell,
Ass't Sec. for Hookworm Disease.
J. A. F./R.
No. 2. (Blank Form Enclosed with Letter "No. 1.")
Jno. A. Ferrell, M. D.,
Ass't Sec. for Hookworm Disease, Raleigh, N. C.
DEAR DOCTOR: I am herewith giving the answers to your
questions as nearly correct as practical on short notice.
(Answers.) Number of cases of hookworm disease I reported having treated up to March 14, '11
Number of cases of hookworm disease I have since treated
Total number of cases of hookworm disease I have treated
Number of the above cases who were negroes
In order to acquaint my patrons with the disease and stimu- late interest in the work, I shall be obliged if you will send to me for distribution the supplies indicated:
Number of two-page leaflets on Hookworm Dis- ease
Number of illustrated pamphlets on Hookworm
Disease

Number of illustrated leaflets on construction	
sanitary privies	• • • • • • • • • • • • • • • • • • • •
Number of printed prescription pads, treatm	ient
for Hookworm Disease	
Very truly yours,	
	, M. D.
	Post Office.
	County, N. C.
Date	
Note.—In filling in this blank, a report or or two of your most interesting cases will be or later. Quite a number were published Bulletin.	appreciated now
No. 3. (Sent to Head of Family in Which amination Has Demonstrated the Presence The report of, 191, of the by you to the Virginia Department of Heal shows that	of Infection.) se specimens sent th, at Richmond,
•••••	
is (are) suffering with hookworm disease	• • • • • • • • • • • • • • • • • • • •

This is a serious matter, and if neglected these worms, by constantly feeding on the patient's blood, will cause it to become thin and watery and the person to become pale, weak, and, if a child, stunted in the growth of both body and mind.

School children with this disease make poor progress in their studies, and may be expected to stand low in their classes.

The disease can be easily cured with two or more treatments, a week apart, each treatment lasting only one day.

When freed from the worms, the task is not complete till you adopt measures to prevent future infection.

This consists in providing a sanitary privy at home and seeing that every member of the family uses it at all times. See also that children are properly protected at school, and that the trustees comply with the law requiring them to build two privies for each school-house.

You thus prevent infection of the soil with hookworm eggs, which soon hatch into small worms ready to enter the body through the bare feet of all who visit such places, especially in wet weather.

This produces ground-itch, which is the beginning of hookworm disease.

I wish to assure you of my deep interest in this case, and that you are at liberty to call upon me freely for advice or further aid in connection with it.

Do not fail to report final result.

I beg that you lend me your aid in inducing others to be examined and treated, and to adopt proper sanitary precautions.

Yours very	sincerely,																		
		_	_	_	_	_		_	_				_	_		:	_		

No. 4.

ALABAMA STATE BOARD OF HEALTH.

To the Board of County Commissioners of Dale County.

GENTLEMEN: This will introduce to you Dr. H. G. Perry, representative of State Board of Health of Alabama. He is in our county in the interest of the campaign for the eradication of hookworm disease. The plans as outlined by him seem to be feasible and in my opinion will be of great benefit to our people.

The request for an appropriation by your court of one hundred and fifty dollars (\$150.00) seems reasonable and will meet with my approval. This money will be used for the purpose of distributing literature concerning the disease and the campaign among the people, and to pay for the medicine used. The State Board of Health will furnish Dr. Perry to conduct the free dispensaries without further cost to us. In order to facilitate matters it is necessary for the money to be available at once.

I therefore suggest that you sign the agreement below so that this end can be accomplished.

Respectfully,

C. A. B. Edwards,

Probate Judge.

No. 5.

APRIL 27, 1911.

To the Honorable Court of County Commissioners, Dallas County, Ala.

Gentlemen: We, the undersigned committee from the Dallas County Board of Health, respectfully request your body to appropriate the sum of two hundred and fifty dollars to defray the expense of advertising and medicines for the campaign for the eradication of hookworm disease in Dallas county.

This is a movement of great importance from a public-health standpoint. We feel that no other expenditure of public funds will result in more good to the people.

Respectfully,

W. W. HARPER, M. D., T. G. HOWARD, M. D., S. G. GAY, M. D.,

Committee.

No. 6.

ALABAMA STATE BOARD OF HEALTH.

We, the undersigned members of the medical profession of Dale county, have decided that the establishment of a chain of dispensaries for the free treatment of all cases of hookworm disease will be the most effective way to bring these patients to treatment. This is a movement which will be of the greatest public good, and as citizens and as conservators of the public health we give the dispensary plan our endorsement and pledge ourselves to its support. It is understood that the Court of County Commissioners will be asked to bear the local expenses of advertising and medicine, and that the State Board of Health will furnish a competent physician to conduct the dispensaries until April I at least, provided the number of patients applying for treatment will justify.

(Signed)

E. B. ARD.

S. M. C. Howell.

Curtis Espey.

R. G. Cary.

A. F. Townsend.

C. R. Athoy.

J. E. Stokes.

M. O. Grace.

H. D. Reynolds, Jr.

W. L. Holmon.

J. L. Reynolds.

W. D. Mixon.

J. H. Patton.

F. B. Cullens.

No. 7.

To the County Commissioners of Lowndes County:

We, the undersigned members of the Board of Education of Lowndes county, express to the Georgia State Board of Health, through their Department of Field Sanitation, our ap-

preciation of their work toward the eradication of hookworm disease in the schools of our county.

The results of the work done by the State Board of Health have shown that there is a heavy infection of hookworm disease in our rural schools.

We realize that this disease, by retarding the development, both mental and physical, of the school child, is each year causing a large part of our educational efforts to be wasted.

We also realize that either through poverty or indifference the great majority of these sufferers are not being reached by the present methods.

In view of these facts, and also in view of the excellent results accomplished by use of the plan in other Southern States, we are convinced that the only feasible plan whereby the great mass of these children will receive treatment is the plan of *free dispensaries*—field hospitals for the treatment of hookworm disease.

Therefore we do earnestly pray the County Commissioners of Lowndes county to appropriate whatever funds may be necessary to assist the Georgia State Board of Health in the inauguration of the dispensary plan in Lowndes county.

(Signed)

E. P. S. Denmark, Chairman;
J. G. Crawford,
J. C. King,
W. H. McKinnon,
County Board of Education.

No. 8. (Agreement Signed to Avoid Having to Wait for Regular Meeting of Commissioners' Court.)

We, the undersigned members of the Commissioners' Court of Dale county, agree that at our next meeting we will approIOO EXHIBITS.

priate the sum of one hundred and fifty dollars (\$150.00) to pay the local expenses of the campaign for the eradication of hookworm disease.

The money is to be placed in bank to the order of Dr. M. O. Grace, and the balance remaining after the bills are paid is to be returned to the county treasurer.

(Signed)

C. A. B. Edwards.

A. H. Borland.

T. F. WINDHAM.

A. N. FAIN.

No. 9.

STATE OF GEORGIA,

County of Lowndes:

We, the Commissioners of Roads and Revenues of Lowndes county, Georgia, realizing that hookworm disease is an infectious disease and dependent on faulty sanitation, and is a great menace to our county, and realizing that the majority of those suffering from this disease are not being reached by the plans now in vogue, and believing that the best method of reaching the great masses of those suffering is by cooperation with the Department of Field Sanitation of the Georgia State Board of Health in ridding the county of sources of infection by cure of the infected, and by teaching other proper sanitation, do hereby appropriate one hundred and fifty dollars to be used by this department of the State Board of Health in taking the steps necessary by proper means of, so far as possible, accomplishing the eradication, preventing the generation and spread of this infectious disease. Work to be pursued for six weeks from date, or as early thereafter as practicable.

(Signed)

J. P. Coffee, Chairman.

November 6. 1911.

No. 10. (Sent to Leading Citizens.)

HOOKWORM COMMISSION.

NORTH CAROLINA STATE BOARD OF HEALTH.

GREENVILLE, N. C., October 17, 1911.

DEAR SIR: You are aware no doubt that your county has made provision to have State and county free dispensaries for the examination and treatment of hookworm disease, and that the work has been very successfully carried on in eight counties, is now in progress in five counties, including your own, and has been provided for in six other counties, making a total of nineteen counties.

The success in the eight counties worked was due in a large measure to the active coöperation secured from the most influential citizens of the best and most thickly settled communities. In less than thirty days 12,500 treatments were dispensed by four physicians in four counties.

With your influence in your section of the county you can render a lasting service to your people by setting an example in visiting the dispensary and taking your family. What you do the masses will do, and consequently on you and others of your position depends the success of the effort to bring health, happiness, and usefulness to those who, though diseased, have not the courage to take the lead in obtaining the free treatment they need.

Leading men in all the other counties in which we have been saw and took advantage of the opportunity to help their people. We believe you will likewise seize the opportunity and work actively in every way possible to arouse the people and get them out to the dispensary.

Inclosed you will find a hand-bill giving the dates and places of the dispensaries.

IO2 EXHIBITS.

Kindly have the Sunday School superintendent and the minister and the school teachers to make announcements about the dispensaries and urge the people to visit them.

Assuring you we shall greatly appreciate your coming out to the place nearest to you and getting as many others as possible to come, I am,

No. 11. (Sent to All Ministers in the County.)

To the Ministers of Winston County:

On the first day of January there will be inaugurated in Winston county a chain of dispensaries for the free treatment of hookworm disease, and in connection practical suggestions will be offered for the improvement of local sanitary conditions.

Realizing that the children of this county are suffering from the effects of this devitalizing parasite and that it is draining from its poor victims the youth and vitality which it is their inalienable right to possess, we ask that the preachers of the various churches lend their influence and promise their hearty coöperation.

We suggest that on the remaining Sundays between now and that time announcement be made from the pulpit relative to this work, and that you exert every influence to impress upon the individual his duty in caring for the health of his children.

(Signed)

- S. B. Myers,

 Methodist Pastor.
- G. S. Jenkins,

 Baptist Pastor.
- A. J. Crawford, Presbyterian Pastor.

No. 12. (Typical Dodger Used to Give Publicity to the Dispensaries.)

NOTICE!

The State Board of Health, acting with Columbus County will open a field hospital for the treatment of HOOKWORM and other such diseases, at the following places in the county, on the dates named below:

Chadbourn, July 10th to 16th.
Whiteville, July 17th to 23rd.
Fair Bluff, July 24th to 30th.
Tabor, August 1st to 7th.
Lake Waccamaw, August 6th to 14th.
Freeman, August 14th to 21st.

There will be two wards in this hospital, one for males and one for females. A physician from the State Board of Health will be in charge of the hospital and an expert from the State Laboratory of Hygiene will be present to do the microscopic work.

A lady chaperone will be in charge of the female ward and every

courtesy and attention will be given all persons, rich or poor.

There will be illustrated lectures and demonstrations on sanitation daily. These will be in plain simple terms that any one can understand and any one can also see the workings of that wonderful instrument, the microscope, by simply asking the man in charge. We want every man, woman and child to be examined while the hospital is in his or her section.

Many of the bad feelings people have, are due to hookworm and we

have found that about half of the people are infected.

This is Absolutely FREE---The State and County Are Paying For It.

So many people have been found infected and the results are so certain and so wonderful that the County and the State feel that it is worth dollars and cents to them to restore so many of their people to health and

strength.

Come out on the dates named and see what is being done. Don't think it is the other fellow who needs this. It may be you. Bring a small bit of your bowel movement with you to be examined with the microscope. It may be worth many dollars or may be life itself to you or your child. You will have only this one chance for free treatment. Respectfully,

DR. C. L. PRIDGEN, State Board of Health.



No. 13. (Printed on Back of Envelope in Which the Drug is Dispensed; Literature on Sanitation is Given Out With This.)

DIRECTIONS FOR TAKING HOOKWORM TREATMENT.

- Eat no supper the night before taking the medicine.
 Take a dose of fresh salts at bedtime.
- 2. Next morning, take one dose of worm medicine at 6, the other at 8 o'clock.
- 3. Take a dose of salts at II o'clock and stay in the house until it acts.
- 4. When this has acted, you may eat anything not greasy or oily.
- 5. If you get weak, drink some strong plain coffee.
- 6. Strain passage through cheese cloth, pouring on fresh water until everything is washed through. The worms will be left on the cloth. Put them in a bottle of clear water and bring them with you next time.
- It may take more than one treatment to get all the worms.
- 8. Do not get infected again. It is your duty to keep your family well.
- 9. Come back next week.
- No. 14. (Letter Covering Report to County Authorities at the Close of the Dispensary Work.)

To the Honorable Board of Commissioners of Pitt County.

Gentlemen: I have the honor to transmit herewith a report covering the work done during our 45-day hookworm campaign in your county.

The attached report is self-explanatory. Total cost to Pitt county, \$302.08.

You will note that we examined 4,526 people (old and young), and found 2,333 infected with hookworm disease, to which number we gave a total of 4,033 treatments.

I am pleased to advise you that many hundreds of your good people have been relieved of this devitalizing disease and taught how to prevent its recurrence.

I wish to thank you gentlemen for your coöperation and for the many favors granted me during my labor in your county. I wish to say furthermore that such has been the courtesy and hospitality of your people that I leave Pitt county with reluctance.

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No. 15. (Typical Tabular Statement of Work in a County.)
Report of Pitt County Dispensery Work—45 Days.

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Location of dispensary.	Grifton	Bethel	Farmville	Grimesland	Ayden	Winterville	Factolus	Stokes	Falkland	Totals	Other parasites found:	Ascaris	11 ymenorchis	Lectures:	To schools	To dispensary visitors.		Visitors to dispensaries.

No. 16. (Sent to All Papers of State.)

. Seventy-two Hundred People Treated for Hookworm Disease in Twenty Days in Four Counties.

In the counties of Sampson, Robeson, Columbus, and Halifax 7,260 victims of hookworm disease have been treated at the State and county dispensaries. Nearly double this number have been examined. During the first five days the dispensaries were open only 615 cases were treated, whereas during the last five days 2,808 were treated. During the twenty days there were treated in Sampson 1,682 cases; in Robeson, 1,352; in Columbus, 3,047; and in Halifax in twelve days, 1,169 cases.

The county boards of education to show their spirit of coöperation, are having sanitary privies installed at all the schoolhouses being used as dispensaries.

After about two weeks the dispensary work will move into new counties. Cumberland, Onslow, Wayne, and Northampton counties have made the necessary provision to have the dispensaries next. The Commissioners and people generally are highly pleased with the work of the dispensaries.

DEAR EDITOR: Above I am sending a news item concerning the State and county dispensaries. Kindly use it in your next issue.

Very truly yours, JNO. A. FERRELL,

Ass't Sec. for Hookworm Disease.

J. A. F./B. C. August 12, 1911.

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BOARD OF HEALTH. District Director Sanitation. Sanitary District No. NEGRO. NEGRO.	County	Sheet No. Report of Dr. Sheet No. Report of Dr. WHITE. WHITE. WHITE. WHITE.
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II2 EXHIBITS.

No. 19. (Sent to All Newspapers in State.)

HOOKWORM COMMISSION.

NORTH CAROLINA STATE BOARD OF HEALTH.

Hookworm Treated Free at the State Fair.

People visiting the State Fair will have an opportunity to know just what a hookworm dispensary is, as there will be at the fair a model dispensary. Hookworm victims, hookworms, and hookworm eggs will be on exhibition. A physician will make free examinations, and, to all who are infected, administer free treatment. Laboratory men will be there with the microscopes and make microscopic examinations for all who present specimens for examination.

As nineteen eastern counties have already made provision for these dispensaries for the free treatment of all the people who are infected, and inasmuch as a large number of other counties are seriously considering opening the dispensaries, it will be a matter of great interest to the substantial men and women attending the fair to see just how the work is carried on.

In addition to the exhibits, stereopticon illustrations will be thrown on a screen from time to time during the day and explained by a lecturer. As this kind of an exhibit will be something of an innovation, doubtless it will attract a good deal of attention.

Dear Editor: Special news article. Please publish.

Very truly yours,

John A. Ferrell.

4. Typical Letters Exhibiting the Work from Different Angles of Vision.

(1) A Physician's Diagnosis of His Own Case.—Since my experience with hookworm disease has been unique, I take pleasure in giving you a rather detailed account of how it served me. In the fall of 1907 I noted that I was unable to do as much work as I had done before; the only symptom was a feeling of lassitude. My appetite was good, and, with the exception of a disinclination for work, I was in very good condition. This continued until January, 1908, when I gave completely out and had to take a rest. After one month spent in the country I was able to resume work again. After two months' work I noticed that my feeling of lassitude was coming back again, and added to this I began to suffer with indigestion. I suffered with pain in the right hypogastric region; at times it would be intense. Pressure over the region of the gall bladder was intensely painful most of the time. I realized that some serious trouble was brewing in that neighborhood and consulted my friends in north Louisiana. They palpated the region; they asked me all the questions a man must answer; they figured on every possibility, and at last decided that so much suspicion was directed to my appendix that it must come out. In June, 1908, I was operated on for appendicitis. Apparently my symptoms gave way for awhile; but within a few weeks the old pain returned, and my inability to handle food rendered my life almost intolerable. In October, 1908, I gave up work again for 30 days, returning to work in November, and after two weeks I completely collapsed. During 1908 my condition would improve, then get worse, and so I passed the year merely living, doing

IJ4 EXHIBITS.

what work I could best handle without much effort. From time to time I was examined by our best men in north Louisiana, several of whom wanted to drain my gall bladder. I found considerable relief in salol and castor oil, taking about three doses a day. This gave me more relief than anything else. I was unable during this time to handle any type of food except the very lightest and most easily digested, going for days on two or three glasses of milk, and that diluted. During 1910 the story of 1909 is repeated, except that I had about decided that no one knew my trouble; and, as I could neither die nor get well, and my condition had hung fire over a period of two and one-half years, I had begun to catch at straws. In January, 1911, I developed a jaundice that lasted two weeks, my other symptoms remaining the same. When the health train came through my town, Dr. Cary examined me for "hook worms" and found that I was heavily infected. I took the treatment that night, and my improvement from that day to this has been to me phenomenal. The first month I gained 10 pounds. I could eat all types of food that other people eat; my appendicitis was well; the gall-bladder symptoms disappeared; I felt like a new man with new aspirations and renewed energy. I have made investments in real estate. as well as other things, and some of them have given good results; if I could have invested one thousand dollars (\$1,000) in two doses of thymol two years ago, it would have been the greatest investment of my life. The loss to me during this time in being unable to handle properly my practice has been more than double this amount. I have treated many cases of hookworm disease. I have seen the roses come back to the cheeks and color to the lips of children and adults; I have seen them go back to work with renewed energy and brighter

hopes. During this time it never occurred to me that I was harboring those same little parasites. My friends who worked so diligently to discover the cause of my trouble were just as much shocked as myself to know the cause that kept me down during this time. You may rest assured that I am enthusiastic, and that I will render all aid in my power to assist you in the campaign.

J. M. Moseley, M. D.

Arcadia, La., May 31, 1911.

Dr. S. D. Porter, New Orleans, La.

(2) A Father Sees the Treatment of His Own Son in Terms of Dollars and Cents.—The case in point was seen at the dispensary held in Chadbourn, Columbus county, and served to bring many others in to us. The boy was about fifteen years of age when seen. His father had heard his neighbors speak of the work that we were doing and had read the pamphlets and dodgers that we had sent out. His curiosity was aroused, and when he heard the results of the treatment given to two other boys in similar condition to his son, he determined to bring his boy to see me. The boy was a typical subject. His skin had cadaverous appearance, the membranes were almost white, and there was extreme lassitude and apathy. He seemed to take no notice of the crowd or the exhibits on display, and submitted himself to a physical examination with the most profound indifference. When the examination was completed he at once turned, without waiting to hear the diagnosis, and went to a log near by and sat down, apparently very fatigued.

There were so many similar cases in the great crowd that pressed upon me that no further attention was given the boy except to caution the father as to treatment, explaining that

I was giving him a small dosage and asking him to return for a second treatment, and to let me know how the boy progressed. The case was forgotten until at a later dispensary the father came back to see me to pour out his thanks and tell me of the wonderful improvement. He said that the boy had always been of no account, worthless, trifling. He said that he regarded it as a case of laziness and worthlessness. He said that the boy would lie on the porch like a dog, day after day apathetic. He could not be aroused to either work or play. The father said he could not believe that it was sickness, because whenever the bell for meals rang the boy was up, the first at the table and the last to leave, and ate more than the farm-hand.

The boy responded at once to the treatment and picked up vitality in a remarkable way. He began to take interest in many things and to help with the work. The economic value of this treatment can be best presented just as the old farmer told it to me. "Aside from saving my boy," said he, "this thing means money in my pocket. Before I saw you I had to feed and clothe him and care for him at a dead expense, and with no hope that it would ever be different. I had to hire a man to take the work I had counted on his doing, which cost me \$1 a day. Now I have figured this thing out this way: I am not only saved the dead expense of his doctor's bills and medicine, and all that, but I am saved the price of the hand which I have discharged, which is \$1 a day, not for a day or two, not for one or two years, but for many years, until he is grown and leaves me to make his own way in the world. I consider," he said, "that this is the darnedest best investment I ever made." And he began pouring out his thanks again. "When I left home," he said, "that boy was following a plow and yelling at the mule in a way to let you know that he was just glad to be living."

C. L. PRIDGEN, M. D.

(3) Scientific Notes on a Stretcher Case.—Selma Ellis was taken into Dr. Pridgen's field hospital for a few days; then he was sent to the Marine Hospital, Wilmington, N. C., August 3, 1911, on a stretcher. Age, 16; height, 4 feet 71/2 inches; weight, 621/2 pounds. Face puffy and bloated; legs and ankles very much swollen; scrotum and prepuce very edematous and painful. Tibial ulcer on left leg, which had continued for eight years; oval in shape; size, 41/2 by 21/2 inches. Blood examination: red-blood cells, 1,050,000; hemoglobin, 14 per cent. Throbbing of entire chest and neck at each pulsation. Remained in the hospital six weeks; took five treatments; passed 605 worms, and was completely cured of the infection. Practically all swelling and edema had disappeared. Discharged September 18. Red-blood cells, 4,512,-500; hemoglobin, 55 per cent; weight, 79 pounds-a gain of 163/4 pounds, in addition to the enormous amount of fluid lost from the system. Ulcer on leg, 21/4 by 11/8 inches; cervical and precordial pulsations much diminished; appetite and digestion good. When dismissed from the hospital was able to run around and go wherever he chose.

Selma has always been too sick to attend school, although there is a public school only a few hundred feet away from his house. He is now attending school for the first year in his life.

C. W. STILES.

December 15, 1911.

(4) Exhibiting the Work of a Practicing Physician and His Joy in the Service.—My son and I established a free dispensary service (furnishing our time and money) during the second week in last July for the benefit of hookworm victims. Since then we have given free treatment to at least 350 persons, ranging in age from two to sixty-five years. For the benefit of the workers we give each Sunday morning. By so doing we do not take them away from their labor. One Sunday we had forty-one at our Sunday school, and every one of them had hookworms.

I never invested a little money in anything that has ever given me half the pleasure I have gotten out of our hookworm crusade. There has been a remarkable increase in the intelligence of these people; rosy cheeks and bright eyes have taken the place of pallor and leaden eyes.

It just does me good all over to look at these boys and girls and see how happy and bright they look. Many of them are going to be fine citizens some day.

H. O. HYATT, M. D.

Kinston, N. C., March 30, 1911.

Dr. Jno. A. Ferrell, Secretary Hookworm Commission, Raleigh, N. C.

(5) School Officials See the Work in Educational Terms.— Ninety-nine per cent of our school children have been examined; 85 per cent of them were infected; 30 per cent were heavily infected. As a result of your treatment for hookworm in our school, we find that children who were ranking fifth and sixth in their classes now rank second and third. Their lessons are not so hard for them; they pay better attention in class and they have more energy. These children have gained from 4 to 18 per cent of their actual weight. In short,

we have here in our school-rooms today about 120 bright, rosy-faced children, whereas had you not been sent here to treat them we would have had that many pale-faced, stupid children. We are indeed grateful to you, Dr. Adams, for the earnest effort you put forth to eradicate hookworm disease from our community, and trust that you will continue to fight it until it is entirely exterminated.

W. E. Moore, Principal.
F. R. Corkern, Assistant.
R. W. Magee,
W. R. Seal,
Board of Directors.

Varnado, La., November 30, 1911. Dr. George B. Adams, Franklinton, La.

(6) Exhibiting the Work as Seen in One Community.— On Thursday, June 15, I met Dr. Fisher by appointment at Fredericksburg to make a journey with him through the Northern Neck in order to see the results of our work in this territory, where the field work first opened about fourteen months ago. The "Northern Neck" is the neck of land lying between the Rappahannock and Potomac rivers and includes the counties of King George, Westmoreland, Richmond, Northumberland, and Lancaster. This territory constitutes Sanitary District No. 1 in Virginia and has been assigned to Dr. A. C. Fisher.

From Fredericksburg we went by boat down the Rappahannock River for about 80 miles to Sharps; from Sharps we drove six miles to Emmerton, Dr. Fisher's home. From this point we made a number of excursions on Friday and Saturday into the surrounding country. I20 EXHIBITS.

Dr. Fisher is the oldest man in the service; a Scotchman by descent, with the energy, the tenacity, the hard common sense that belong to the blood. He was born on the Northern Neck; has been a country doctor here for more than twenty-five years; knows almost every man, woman, and child, black and white, in four counties, and commands the confidence and esteem of his people.

When Dr. Fisher took up his work on April 1, 1910, the infection in this district was heavy, as was shown by the first survey of Richmond county. Dr. Fisher selected one public school at random in each district in the county, secured specimens from every child in each of these schools, and had these examined at the laboratory. Records were made by schools. The results showed an average infection of 82.6 per cent for all schools examined. This result, being based on an examination of children in school, was taken as a conservative estimate of the average infection for the school population of the county.

The infection was found to be very unevenly distributed; some areas are comparatively free, while pockets of infection were found where practically every person was suffering from the disease. This sharp contrast between heavily infected communities and communities practically free from infection affords the most striking illustration that I have seen of the physical, intellectual, moral, social, and economic results of hookworm disease on a community.

Such a contrast we saw near Dr. Fisher's home. Lying a few miles northeast from Emmerton in Richmond county and extending over the border into Northumberland and Westmoreland counties is a large scope of country which for generations has been inhabited by a people set apart by marked

peculiarities from the people surrounding them on every side. The people are called "Forkemites," the term deriving from the fact that the nucleus of the community lies in the wide-spreading fork of a tidewater creek; and for generations the name has been a by-word. Lack of energy and thrift has brought to the Forkemites extreme poverty with the inevitable mental and moral results.

A few examples of what I saw in this community will give you some conception of the conditions and of what is being done to improve them. Dr. Fisher took me to see the Totus Key school, located in the heart of this community. When this school was examined, little more than a year ago, there were 40 children attending it. It was known as a hard school, and could not keep its teachers. Examination showed that of the 40 children, 38 were infected; the other 2 were children that had come in from the outside. But these 38 infected children in the school represented the lighter infections of the families to which they belonged; there were belonging to the school 45 other children who were not attending and who had never attended school. These 38 children have been treated most of them by Dr. Fisher himself; most of the other 45 have been treated. Henry Thrift, of Village, Va., the teacher who had charge of the school when the examination was made, has it now and will return to it next year. He told me in simple words an appealing story of how the treatment of these children had transformed the school. Children who were listless and dull are now active and alert; children who could not study a year ago are not only studying now, but are finding joy in learning. These children were born of anemic parents; were themselves infected in infancy; for the first time in their lives their cheeks show the glow of health. With this has

I22 EXHIBITS.

come a new light to the eye, a new spring to the step, a new outlook on life. All this shows itself in a new spirit in the school.

Some of the 45 children who had never attended school, having been treated, have come in during the year. Others have declared their intention to enter in the fall. At this school I was shown two sanitary privies, just recently built by the school board. Similar ones I saw at other schools in the county. Every school in Dr. Fisher's territory is to be supplied before school opens in the fall.

Dr. Fisher took me to see a large number of persons and families in the neighborhood of this school. Within a few minutes after Henry Thrift had given us the story of the school, we stopped by the fence where we saw a young man plowing corn. In reply to his greeting as he came to the end of his row, Dr. Fisher called out: "Hello, Willie. Where did you get that smile? I never saw it before." "Oh," he said, "I'm all right now. I'm workin' every day and feelin' fine." This was William King, age 26. One year ago he was in bed and had been given up to die; he had chronic sores on his legs up to his knees, and hadn't good blood enough to cure them up; he had all his life been an anemic, illiterate and thriftless. He was found heavily infected; was treated a few months ago; is well now, married a few weeks ago; is making a crop and in his own words is "workin' every day and feelin' fine."

Near this farm we stopped at the house of Richard Prescott. Mrs. Prescott was hoeing in the garden. She came to the fence and at Dr. Fisher's request told me the family story. She had been an anemic since she could remember; had never until this year known a well day; had borne six children; one of them had died of hookworm disease, or "dropsy," as they

thought at the time; had been confined to her bed much of the time; the whole family was ill, the father being able to do about half work and the elder boy doing almost none. There stands the little one-room hut in which the six children were born and in which the family lived. Dr. Fisher found them all severely infected. He told me he had not seen a more wretched-looking creature than this woman. He treated them about a year ago. Since then they have all been working that were big enough to work. There is the new house nearing completion; the lumber for a sanitary privy is on the ground; the older boy was plowing corn near by. I talked with him; he has good color; is alert; the mother says he is going to enter school in the fall. No member of the family has ever been in a school. The family is on its feet; the mother's first thought is of a better life for the children.

Just across the road from this family lives a Mr. Sydnor with his wife and six children. Two of the children had died of anemia; all the others were ill; those that were large enough to work could do only half work; none had attended school; the whole family was heavily infected; the struggle against poverty, ill-health, and growing doctors' bills for services that brought no relief had been hopeless. In this condition Dr. Fisher had found them, had given them treatment, had brought them to their feet, and sent them to their work; all are well now save the youngest child, that needs an additional treatment; and it came as a gift from heaven—there had been no bills to pay. And as the old mother came to the end of her story and tried to express her gratitude, she faltered, then referred to what is being done also for others; and raising her hand she said, "It is the greatest thing that ever come."

A short drive down the same road brought us to a country cross-roads called Haynesville, where W. R. Davis keeps a store. We stopped in front of the store and called him out. He is a fine physical specimen, with plenty of red blood and a keen native intelligence. He was born in this community; like practically every other child born in this pocket, was infected; as a boy he left the community and the State, and in course of time threw off the handicap by natural processes; developed a strong body and a keen wit; prospered; married; returned to his old home to become a country merchant and a leader among his people. There he stands as a measuring rod to indicate the weight of the handicap by which the rest of the community has been held back in the race. He has five children now. When Dr. Fisher took up his work he found all these children infected. The father had them treated at once; saw what it meant, and became Dr. Fisher's most active ally in getting his neighbors interested. "It means much to my business," he said. "This soil around here is as fertile as any soil in Richmond county, but the farms, as you see, are not productive simply because the people have not been able to work them properly." All this I had seen and commented upon when we first crossed the line which marks off this community as a thing apart. There is the same fertile soil which gives the Northern Neck all the possibilities of a garden plot; but the farms are not productive; the houses, the gardens, the fences show neglect; the whole countryside looks frayed out; poverty and neglect are written upon the face of the people and of the land. "The people have not been able to buy at the store more than the barest necessities," continued Mr. Davis; "but already the change is coming. Almost everybody around here has been treated; all who are old

enough to work are earning something; they are feeling hopeful and buying more things."

Pointing to a farm-house across the way, he said to Dr. Fisher: "A child was born over there last night." Then Dr. Fisher told me the story. Ten years ago he was called to see this woman in the case of her first labor; he found her extremely dropsical, the tissues being so distended and watery that they could not stand the strain; the result was frightful, The woman was sent to Baltimore for surgical treatment. She was kept in the hospital for some weeks, and was sent home as a hopeless case, to die of "kidney trouble." But she did not die. And when Dr. Fisher had treated the Davis children, about a year ago, she sent for him; he found her heavily infected; gave her treatment, which cured completely and in a few days, the disease which had baffled him and the Baltimore physicians ten years ago and had made her an invalid for all these years. The second child had been born the night before.

And so the story might run on indefinitely. Dr. Fisher can tell you of cases like these all day long and show you the people. I should like to give the story of a family or two to illustrate the moral effects of the disease; but the details are better omitted. The fact is we have here a large community in which practically the whole population has for generations borne the burden of a heavy infection; the community has been islanded and this isolation has been both cause and effect in accentuating the cumulative results—physical, intellectual, economic, and moral—which have been handed down from one generation to the next; from generation to generation there has been a lowering of physical vitality; this in turn has brought a lowering of mental vitality; the struggle for exist-

ence has grown more hard and hopeless; one result has been a deadening of the moral sense and a loss of self-respect, which shows itself in the moral tone of the community. The result in some extreme cases has been an almost complete abandonment of the ordinary decencies of life.

Dr. Fisher pointed out to me one home of this extreme type; all have been treated; and he assures me that a clearing of the moral atmosphere has already set in. Dr. Fisher is firmly convinced that the effect in reforming the moral life of the individual and elevating the moral tone of the community in extreme cases like this is going to be as marked as the economic results.

Dr. Fisher has been at work fourteen months; he has made a house-to-house canvass, and has located, he thinks, practically every case of hookworm disease in four counties; most of these he has treated or had local physicians to treat. He has organized sanitary leagues in most of the villages, has committed the school boards to the policy of supplying sanitary privies at all the schools, and has interested the people in sanitation at the homes. Some individuals and some whole families are holding out against treatment; but they are being ostracized by their neighbors, and it is only a question of a short time when they must yield to the force of enlightened public sentiment. The results which I witnessed here are not only gratifying, they are stirring. I predict that within five years the whole face of the country in those pockets of extreme infection will be changed and one will see here a new people and a new earth.

WICKLIFFE ROSE.

June 28, 1911.

Mr. F. T. Gates, 26 Broadway, New York City.

CHAPTER V.

REPORT OF THE SCIENTIFIC SECRETARY.

Addresses and clinics.—During the past year I have attended a number of medical meetings in different States, and have taken advantage of these trips to give public-health addresses before various audiences. In all I have given 73 addresses and clinics.

Lantern slides.—The policy has been continued of furnishing lantern slides to the State Boards of Health and of loaning slides to various persons who wished to deliver addresses on hookworm disease to colleges, schools, clubs, etc.; 1,723 such slides have been distributed to boards of health since the last report.

Charts.—A series of nine wall charts has been prepared, illustrating the anatomy and life history of hookworms, the effects of the disease, and methods of spread and prevention. These were issued by the Public Health and Marine Hospital Service and have been distributed to the State Boards of Health. Several sets are kept on hand to loan to persons who wish to deliver addresses on the subject.

Microscopic diagnosis.—Although the State Boards of Health are now equipped to make microscopic examinations for hookworm infection, a considerable number of specimens are still sent to the Hygienic Laboratory. It is my general policy, however, to encourage people to send these specimens to the State laboratories. When at any time the State authorities have more work in this line than they can perform, the Hygienic Laboratory is prepared to meet the emergency. On

one occasion this past year, for instance, it became necessary to loan one of my men to a State laboratory and in addition to put five of my assistants at work in order to examine promptly the material, which accumulated too rapidly for the State laboratory to study it. My work is so arranged that we can help the State health authorities at any moment under such circumstances.

Correspondence.—It is a satisfaction to report that the routine technical correspondence is now transferred almost entirely from the Hygienic Laboratory to the State Boards of Health. As the work progresses, however, and as a greater number of physicians become interested, the nature of inquiries coming to me is undergoing a change. Physicians are beginning to make inquiries in respect to special features of the disease and to ask for references to literature in which they may find such special questions discussed. This indicates a deeper interest in the subject by the local physicians, and it is always a pleasure to be able to refer them to the literature desired.

Index to literature.—In the Index Catalogue of Medical and Veterinary Zoölogy, Doctor Hassall and I have compiled the world's bibliography of hookworm disease, by authors, so far as it was accessible to us. This publication was issued by the U. S. Bureau of Animal Industry and has been distributed to libraries and specialists. At present I am working upon a cross-reference to all of the titles, and I hope to have this ready for publication some time this year. It will probably be issued by the U. S. Public Health and Marine Hospital Service, and will be sent to all of the State Boards of Health. Such a publication seems very desirable at present as an aid to persons who wish to prepare articles on this disease, for it

is now exceedingly difficult for any one to trace the numerous articles that have been issued upon various phases of the subject.

Inspections.—Occasional inspections of schools have been made for various purposes, but this part of the work is now almost entirely taken care of by the State boards.

Field work.—Since the last annual meeting I have made preliminary surveys in two States in which the hookworm eradication work had not been instituted, namely, in Texas and West Virginia.

Texas.—The trip in Texas was undertaken at the request of the State Board of Health, and a special report covering the results obtained has been submitted to the Surgeon-General of the U. S. Public Health and Marine Hospital Service, to the Texas State Board of Health, and to the Commission. Briefly summarized, the results were as follows: Hookworm disease has been found on microscopic examinations or by examination of adult worms in persons living in at least forty-eight (48) counties in Texas; the infection is said to be present in at least two (2) other counties, but it is not clear that this statement is based upon microscopic examination. Most of the infection thus far determined was in the eastern part of the State. Undoubtedly additional counties will be found to be infected, as soon as they are studied.

The infection does not seem to be of uniform intensity in different localities, but in some regions about 30 per cent of the school children harbor the disease.

The results thus far obtained not only fully justify the State Board of Health in beginning a campaign against the disease, but indicate very clearly that such a campaign ought to be undertaken without unnecessary delay.

West Virginia.—At the invitation of the U. S. Bureau of Mines, I made a trip on one of the mine-rescue cars through part of the coal-mine district of West Virginia, establishing the presence of hookworm disease in nine localities. A brief report on the trip has been submitted to the Surgeon-General, to the State Board of Health, and to the Commission.

Colorado.—One of my colleagues in the Hygienic Laboratory, Assistant Surgeon S. C. Hotchkiss, has made sanitary investigations during the past summer among the miners of Colorado with special relation to lung disease among metal miners. During these studies, in 273 specimens of human feces examined microscopically, he did not find any infections with hookworms.

Mississippi.—At the request of the State Board of Health, I made a tour of Mississippi in company with Doctor Leathers, delivering addresses on hookworm disease and various other public-health subjects.

Hospital work at Wilmington.—Prior to July 1, 1911, it has not been possible under Federal law to admit patients from the general population to the U. S. Marine Hospitals. A bill passed the last Congress, however, which authorizes the admission "into said hospitals, for study, persons with infectious or other diseases affecting the public health, and not to exceed ten cases in any one hospital at one time."

As soon as this bill was signed by the President the late Surgeon-General Wyman, at my request, designated the U. S. Marine Hospital at Wilmington, N. C., for use in studying parasitic diseases. With four assistants, I studied there from July 1 to September 25. We examined for hookworms any persons who came to us, and had at the hospital a total of 172 entries (men and boys) for hookworm treatment. In connec-

tion with certain studies, I treated at their homes all the women and children who applied from one of the cotton mills.

Several articles have been published giving part of the results obtained. Pressure of other work has prevented me thus far from summarizing all of the work.

The most instructive case taken in was a boy of 16 years of age, "a stretcher case," admitted at the request of Doctor Ferrell, of the State Board of Health. This was clinically the most severe case of hookworm disease I have ever seen. When he was brought to the hospital there seemed to be little chance that he could live, but a conservative line of treatment resulted in expelling all of the parasites and in building him up to a point where he was able to return to his family.

My present plan is to return to Wilmington about May 1, and to remain there until October 1, continuing hospital studies on severe cases.

Investigations.—This past year investigations along the following lines have been continued as part of the regular work in the Public Health and Marine Hospital Service:

- (a) On the viability of hookworm infection in the egg and larval stages outside the body.
- (b) On a comparison of the various drugs used for treatment.
 - (c) On the safe disposal of night soil.
- (a) Viability experiments.—At Wilmington, in coöperation with Surgeon Gardner and Mr. Harry Miller, I have obtained to date the following results:
- (1) In microscopic examination of fecal material kept in water, all the hookworm eggs identified were dead after 68, 117, 144, 317, 323, 349, 357, and 358 days.
 - (2) The longest period of time after which we have thus

far been able to find live hookworm (Necator americanus) eggs under the conditions described has been 70 days.

- (3) The longest periods after which we have thus far been able to find live eelworm (Ascaris lumbricoides) eggs under the conditions described have been 117 to 121 days. After 144 days, 2 Ascaris eggs were found in regard to which some possible doubt exists, but they were probably dead.
- (4) It therefore seems fairly well established that fermentation for four months in an L. R. S. privy kills all hookworm eggs, and that fermentation for three months will kill nearly all, probably all, the hookworm eggs.

These conclusions are based upon conditions obtaining in eastern North Carolina.

(b) Experiments with drugs.—In my last annual report it was stated that Dr. W. H. Schultz, one of the pharmacologists of the Hygienic Laboratory, had begun an extensive series of experiments involving a comparison of all the different drugs and methods that have been recommended in treating hookworm disease. Doctor Schultz has published a brief preliminary report on part of the work, but a number of important scientific and practical questions have arisen which require further research, so that the appearance of his final report has been delayed. He and Dr. Atherton Seidell are now coöperating in the work, but it will be months before they will send the results of their experiments to press.

In practical hospital work, G. F. Leonard and I have come to the conclusion that in very severe cases, in which it is necessary to safeguard every particle of the patient's strength and when the slightest risk is contraindicated, it is a good plan to omit the preliminary dose of magnesium sulphate, usually administered prior to the administration of thymol. The principle

involved in omitting the preliminary dose of salts is: (1) part of the depression connected with the treatment can be avoided, thus increasing the element of safety for the patient; (2) in case numerous worms are present, at least some of them will be reached by the thymol, even without the preliminary salts, and the patient, after expelling some of the worms, will be able to build up to a point that will enable him to undergo the standard treatment. Thus, in one "stretcher case," when all chances seemed to be against the patient, 347 worms were expelled by the administration of 10 grains of thymol, followed but not preceded by salts. The patient was so weak prior to treatment that it seemed as if every breath might be his last. We did not dare administer the standard method of treatment, but by following the course adopted we were able to relieve him of the accumulated effects of 347 worms and thus to gain strength for further treatment.

It is generally assumed that in "stretcher cases" the death rate is of necessity high, since these patients are almost in a dying condition when they reach medical attention. Our Wilmington experience this year raises the question whether it will not be possible to reduce the death rate of the "stretcher cases" by this very simple modification of the standard treatment.

(c) Disposal of night soil.—In last year's report an account was given of some experiments by Surgeon Gardner and myself with the burial of human feces. A criticism has arisen in regard to two of our experiments, based on the fact that part of the sand used was not sterilized. Considering the circumstance under which the experiment was performed, this criticism seems to me of only academic nature; nevertheless, as it has arisen, I repeated the experiment, with Mr. Harry Miller,

and fully confirmed the earlier conclusions by the following results:

One pint of fecal material, containing numerous fly larvæ, was buried in a standpipe under 48 inches of sterilized sand, and one pint under 72 inches of sterilized sand. From the surface of the former 752 adult flies, and of the latter 863 adult flies—a total of 1,515 flies—issued. The U. S. Bureau of Entomology has determined these insects as belonging to four species, as follows: Sarcophaga sp., Helicobia quadrisetosa, Ophyra leucostoma, and Musca domestica.

In connection with the studies at Wilmington, opportunity was presented to observe the presence of parasitic protozoa in a number of patients. Two species of amebæ (a pathogenic form, Entamaeba histolytica, and a very common non-pathogenic species E. coli) were observed. Most of the determinations of E. coli were made from cold stools containing the characteristic ameba cyst, which were recognized in stools up to 50 days old. Lamblia duodenalis was also very common.

The general subject of these parasitic protozoa is intimately connected with the problems presented by the fly and the hookworm, for all of these animals are found in human feces and may be spread by soil pollution. That flies may act as mechanical carriers of hookworm eggs and larvæ has been demonstrated by Alessandrini (1904), F. Smith (1905), and Galli-Valerio (1905), and it seems exceedingly probable that they may also be important mechanical carriers of amebic, *Lamblia*, and other protozoan infections. The flies not only breed in but they feed upon the infected night soil, which they might easily carry on their feet and body as well as in their intestine to the house, thus infecting foods with these germs. To demonstrate this point microscopically is not an easy under-

taking, but the following experiment by Mr. Harry Miller and myself lends circumstantial evidence to this idea:

Experiment 40.—Two Hodge flytraps were set for 24 hours, one in the privy, the other in the dining-room of the house, about 40 feet away from the privy. At the end of 24 hours, 293 flies were taken from the flytrap in the privy, and 1,742 were taken from the flytrap in the dining-room.

With such numbers of flies going from the privy to the dining-room, it seems almost inconceivable that they could not carry the spores of amebæ, *Lamblia*, and other protozoa, or that they could not occasionally infect the food with hookwerm larvæ.

The more these various problems, including typhoid and other bacterial soil-pollution diseases, are studied, the more clearly does the question of preventing these infections center at the privy and it is not an exaggeration to state that the privy is the great public-health problem of the non-sewered districts. So thoroughly convinced of this point are Passed-Assistant Surgeon L. L. Lumsden (the Federal typhoid expert) and I, that we are concentrating our efforts as much as possible upon this structure.

Were cholora to start in the United States, its potential effects upon those districts not provided with sanitary privies or sewers can hardly be estimated, and it behooves our local health authorities to hasten the day when our present low sanitary index of 1.5 to 10 per cent in so many regions will be raised to at least 75 per cent.

The L. R. S. privy.—Passed-Assistant Surgeons Lumsden, Roberts, and I have continued our studies on the L. R. S. privy. Serious failures of this apparatus have come to our knowledge from three sources. In one of these the failure

was clearly due partly to allowing the effluent pipe to become occluded with a large piece of cloth, partly to filling the effluent barrel with dirt; in a second instance the failure is unexplained; in the third instance the odor was reported as intense, but ventilators were installed and the apparatus is being tried again. Our experiences in the laboratory convince us that the L. R. S. is superior to any other type of privy with which we have had experience, but we do not claim that it will work under all conditions and unless it is properly attended to. Experience indicates that it may be advisable to add at least a bucket of water per week to the liquefying barrel.

Experiments to dispose of the effluent by utilizing plants for this purpose have not yet given satisfactory results, but studies in this line will be continued in the hope that it may eventually be possible to develop an automatic privy which not only will not require emptying, but which may perhaps be utilized in raising some plant of economic value.

The County Health Officer.—During the twenty years that I have been engaged upon a study of practical health problems in this country, the fact has forced itself upon me that the county health officer is theoretically the most important and practically the weakest point in the entire public-health organization of the United States. Some of our counties have excellent county health officers, but in the vast majority of cases the men are underpaid for the work, and they therefore do not perform their duties properly; for the support of their families they are dependent upon their private practice among the people over whom they are called upon to exercise police powers, and as a result these powers are not exercised; too often the position goes to the "lowest bidder," and too often it goes to a political appointee, technically totally unfitted for the work.

To use a comparison, the county health officer may be compared with the sheriff or the local police, while the Federal health authorities may be compared with the U. S. Army. Today there is a tendency to demand that the Federal publichealth service be increased. Much as I approve of strengthening the Federal service, as a member of that service I feel convinced that the average citizen does not fully appreciate the fact that this service cannot possibly make up for the present inefficiencies of the mass of our county health officers. We might just as logically expect that an increase in the standing army of the United States would obviate the necessity of having county sheriffs or local police as to expect the Federal public-health service to obviate the necessity of appointing and equipping proper local and county health officers.

Speaking from an experience of 20 years' work in Federal service, with a considerable portion of this time spent in actual field work in many different States, I cannot escape the conclusion that the most important single problem in public-health organization in our country is at present centered in the question of the county and local health officer rather than in Washington, and I wish to add all the emphasis in my power to that part of the report of the Administrative Secretary which deals with this point. If the counties in our Gulf-Atlantic States had active, properly trained county health officers, this Commission would not be able to find any work there to enable it to carry out its trust, and I know of no way by which we can more quickly finish our work, and thereby render ourselves useless, than by encouraging the development of a thoroughly efficient system of county health officers.

Publications.—During this past year the following publications, consisting of or based upon original articles prepared in

the Hygienic Laboratory and bearing on hookworm disease and soil pollution, have been printed:

STILES (C. W.):

- 1910x. General considerations of uncinariasis. [Abstract of paper read before 112 Ann. Meet. Med. & Chir. Faculty of Md., Balto., Apr. 26-28.] < J. Am. M. Ass., Chicago, v. 54 (21), 21 May, p. 1720.
- 1910y. The influence of hookworm disease on the tuberculosis death rate. [Presented Mar. 15.] < Trans. North Carolina Ass. for the prevention of tuberculosis, pp. 28-30.
- 1910z. Hookworm disease. [Reprint of Soil pollution as cause of ground-itch, hookworm disease (ground-itch anemia), and dirt-eating, Pub. (1), Rockfeller Sanitary Commission, 1910h, pp. 1-27, figs. 1-26.] < Health Bull., St. Bd. Health, Miss. Jackson, v. 1 (2), Oct., 23 pp., figs. 1-26.
- 1911a. Idem. [Idem.] < Report St. Bd. Health Mississippi from Sept. 30, 1909 to June 30, 1911, Jackson, pp. 121-143, figs. 1-26.
- 1911b. The sanitary privy; its purpose and construction. [Reprint of Pub. Health Bull. (37), U. S. Pub. Health and Mar.-Hosp. Serv., Wash., 1910 o, pp. 1-24, figs. 1-12.] < Ibidem, pp. 168-189, figs. 1-12.
- 1911c. Idem. [Idem.] < Health Bull., Jackson, Miss., v. 1 (8), June, 22 pp., figs. 1-12.
- 1911d. Discussion of the sanitary outhouse. [Read before Am. Med. Ass., St. Louis, June, 1910.] < J. Am. Med. Ass., Chicago, v. 56 (4), Jan. 28, p. 255.</p>
- 1911e. Is the so-called "cotton-mill anemia" of the Gulf-Atlantic States due to the lint or to uncinariasis? [Abstract of 1911 f.] < Ibidem, v. 57 (6), Aug. 5, p. 507.
- 1911f. Idem < South. Med. J., Nashville, v. 4 (6), July, pp. 508–513.
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- 1911h. Underlying causes of the existence of soil pollution in rural districts < South. M. J., Nashville, v. (—), Feb., pp. —.
- 1911i. The influence of hookworm disease on the apparent age of children in cotton mills < Ibidem, v. 4 (4), May, pp. 325-328.

- 1911j. Idem. [Secretary's abstract of 1911i, read before the Helminthological Soc. of Washington, Mar. 31.] < Science, N. Y., (848), v. 33, Mar. 31, 511-512.</p>
- 1911k. The Rockefeller Sanitary Commission for the eradication of hookworm disease; first annual report of the scientific secretary for the year ending January 25, 1911. < Publication No. 2, Rockefeller Sanitary Commission, Wash., pp. 1-20, 1 fig.</p>
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- Igiir. [Discussion on municipal control of privies.] [Idem.] < Ibidem, pp. 461–462.</p>
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 - 1911b. Idem. [Review.] < J. Am. M. Ass., Chicago, v. 57 (17), Oct. 21, pp. 1371-1372.
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 - 1911c. [Hookworms from Kentucky.] [Secretary's abstract of paper read before the Helminthological Soc. of Washington, Feb.
 9.] < Science, N. Y., (850), v. 33, Apr. 14, p. 592. [Also reprint, p. 2.]

The Farmers' Bulletin on the Sanitary Privy, prepared by Dr. L. L. Lumsden and myself and issued by the U. S. Department of Agriculture, has been in great demand, and, according to information obtained from the Editor of the Department, it has been placed on the permanent list and will be sent free to all persons who apply for it.

THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE

HOOKWORM INFECTION

IN

FOREIGN COUNTRIES

OFFICES OF THE COMMISSION WASHINGTON, D. C., U. S. A.

THE ROCKEFELLER SANITARY COMMISSION

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INTRODUCTORY NOTE.*

The Commission has undertaken to get information on hookworm disease in foreign countries. A letter was prepared asking for information on: I, whether or not the country has been found infected; 2, the geographic distribution of the infection within the country; 3, an approximate estimate of the degree of infection; 4, whether the infection is surface or mine infection; 5, what is being done by private or public agencies to eradicate or relieve it. Through the good offices of the late Surgeon General Wyman this letter was sent out by the Department of State with a covering letter as an official inquiry to American representatives in all foreign countries. This was followed by correspondence with physicians and public health authorities in these countries; these reports were supplemented by reference to the voluminous literature of the subject on file in the library of the Surgeon General's Office, U. S. Army. The information thus gained is here summarized. The geographic distribution of the infection is exhibited on maps 1 to 6.

Some features of the exhibit call for special attention:

a. Extent of the infection.—Hookworm infection belts the earth in a zone about 66 degrees wide, extending from parallel 36° north to parallel 30° south; practically all countries lying between these two parallels are infected.

Of the foreign countries from which the Commission has received reports, 54 are infected. In six of these coun-

^{*}This introduction is reproduced as summary in the Annual Report for 1911.

tries—Wales, Germany, Netherlands, Belgium, France, and Spain—the infection is wholly or chiefly confined to mines, and is found in but few definite localities; in at least 46 of these countries the infection is general and widespread. Tabular statement on page 86 shows that these 46 countries comprise an area of about 14,464,158 square miles and have a population of about 919,858,243. To this we may add 11 of our own States, with an area of 510,149 square miles and a population of 20,785,777. Of the total population of the globe—about 1,600,000,000 people in round numbers—about 940,000,000 live in countries where hookworm disease is prevalent.

b. Degree of infection.—In many countries the infection is extremely prevalent. In 1904 it was estimated that 90 out of every 100 of the working population of Porto Rico were infected. My own observations in the island convince me that this estimate was not excessive. The reports summarized in Publication No. 6 estimate: That of the whole population of Colombia living between sea-level and 3,000 feet above, 90 per cent are infected, and this includes the great majority of the 5,000,000 of people living in this country; that of the total population of British Guiana, 50 per cent are infected, the percentage of infection among the laborers on the sugar estates being much greater; that in Dutch Guiana the infection on many plantations runs as high as 90 per cent; that over a thousand microscopic examinations in French Guiana showed an infection of 35 per cent among a local population, 50 per cent among soldiers, and from 50 to 88 per cent among prisoners; that in Egypt general estimate places the infection at 50 per cent of the laboring population; that 50 per cent of the coolie laborers on sugar and tea estates in Natal are infected, with the disease spreading among natives and Europeans; that on many plantations in Ceylon the infection runs as high as 90 per cent; that of the 300,000,000 of people of India, 60 to 80 out of every 100 harbor the parasite; that on rubber plantations in the Malay States the infection runs from 47 to 74 per cent; that the southern two-thirds of the Chinese Empire is involved with the infection in many places in the Yang-tse Valley running as high as 70 to 76 per cent among the farming population; that of the entire population of American Samoa, about 70 per cent are infected.

c. Economic significance of the disease.—The economic loss resulting from the disease is enormous. The physically sound coffee-picker in Porto Rico picks from 500 to 600 measures of coffee per day; scores of anemics told me they could pick only from 100 to 250 measures per day. According to estimates given me by the managers of a number of large haciendas in Porto Rico, the disease has reduced the average efficiency of the labor on these plantations to from 35 to 50 per cent. Dr. William M. McDonald reports that the disease is "sapping the life and energy of the population of Antigua." Dr. Parker, of Ecuador, says: "Last fall I visited one of the largest cocoa plantations near Babahoyo and found that the anemias of hookworm and chronic malaria made available not more than 33 per cent of work of the 300 laborers on that place." Dr. E. Brimont reports: "The disease has greatly retarded the development of French Guiana." The report from British Guiana says: "The economic loss due to hookworm disease on the sugar estates is heavy. On one estate, where the laborers were treated on a large scale, the manager reported that 'the working power of the gangs had increased 100 per cent." The report from Colombia, after stating that the infection is among the miners and in abundant profusion throughout the agricultural sections, where the laborers on the coffee, sugar, rubber, tobacco, banana, and other plantations are seemingly all affected, says that "one of the greatest problems with which the people of Colombia are confronted at the present time is that of the evils attendant upon the presence of hookworm infection." Dr. T. F. McDonald, of Queensland, reporting conditions in the Johnstone River district, says that infection is present in every square mile of it, and that "it is sucking the heart's blood of the whole community." The Right Honorable the Earl of Crew, Secretary of State for the Colonies, in his dispatch on this subject to the Governor of Ceylon, says: "Having considered the reports from the several colonies, with the observations of the committee upon them, I recognize that the loss of labor caused by the prevalence of ancylostomiasis is very serious, and affects prejudicially not only the employers of labor, but the community at large. Not only is there serious loss of life, direct and indirect, but also through the invaliding of laborers the charges for hospital and pauper expenditures are largely increased." In 1908 Dr. Braddon examined 2,000 sick Tamils on the rubber estates in Negri Sembilan, Malay States, and says "there was no single one of these coolies who was not affected by ancylostomiasis"; "that 60 per cent of all coolies at work were in an advanced state of ankylostomiasis." Dr. Graham, reporting for Lower Perack, Malay States, says that more than 50 per cent of the entire population is infected and that the disease is of "great economic importance to the rubber industry."

In our own country Dr. Herbert Gunn, special inspector for the California State Board of Health, in his report on ' hookworm infection in the mines of that State, says: "There is no question that the general efficiency of the men is noticeably impaired. At one mine, employing about 300 laborers, it was stated that a reserve of about 25 men had to be available to replace those who, on account of sickness, did not appear for work. Quite a few of the men have to lay off every now and again to recuperate. Several who were unable to work stated that when they arrived in Jackson they were perfectly strong and well. A large number of these men were encountered on the streets, some of them presenting marked degrees of anemia. The greatest loss to mine operators is occasioned by the large number of those * * * A loss of 20 per cent in moderately affected. efficiency of those infected would be a conservative estimate. That would mean in Mine No. 2, for instance, where over 300 men are employed at an average of about \$2.50 per day, and estimating the number of those infected as low as 50 per cent, a loss of over \$20,000 a year."

This estimate is for *one mine*. Dr. Gunn reports "that infection undoubtedly is present in practically all of the gold mines of California. Infection is present, also, among agricultural laborers of that State."

But the infection in California is light as compared with nine or ten of our South Atlantic and Gulf States, with their 20,000,000 of people. If an infection of 50 per cent in one gold mine employing 300 men causes a loss conservatively estimated at over \$20,000 a year, what must be the economic significance of this disease for India, with its 300,000,000 of people and from 60 to 80 per cent of them infected?

d. Retarding effect on education and civilization.-A photograph on file in this office shows a group of children, no one of whom until this year had ever been in a school; no member of their parents' family, of the grandparents' family, or their great-grandparents' family on either side had ever gone to school. We have in this family a record of at least four generations of illiteracy due to the disabling effects of hookworm disease. In the community in which this family lives are many other families showing a similar history. I have visited many communities in which a large proporton of the children have been kept out of school by disability due to this cause. I have visited schools and have on file records of many others in which all or a large proportion of the children attending are infected. Records of the definite survey show in extreme cases an average infection among rural children of school age for whole counties running as high as 70 to 90 per cent.

The statement by Dr. E. Brimont, that "the disease has greatly retarded the development of French Guiana," is applicable even in greater degree to many other countries. Acute disease may strengthen a race by killing off the weak; but hookworm disease is chronic. It works subtly through long periods of time, and its cumulative results—physical, intellectual, economic, and moral—are handed down as an increasing handicap from generation to generation. The letter on page 102, Second Annual Report of the Rockefeller Sanitary Commission, showing the effects of the disease on one community, is a statement in concrete miniature of what it means in the large. This letter portrays a situation which for our States is extreme; but many countries, like Egypt, India, and China, have suffered a heavy infection for cen-

turies, and its results have been handed down from generation to generation for ages as a cumulative handicap to the development of these people in all things that make for civilization.

e. Spread of the infection by immigration.—It is estimated that from 60 to 80 per cent of the total population of India are infected. Every country importing coolie laborers from India is bringing on to its own soil a heavy stream of infection. In Assam Dr. Bently examined 600 Indian coolies just arrived, and found only one of them free from infection. When the attention of the government at Durban was called to the heavy infection among the coolie laborers on the sugar estates of Natal in 1908, the authorities examined the next shipload of coolies from India and found 93 per cent of them infected. The Indian coolie is the chief source of labor supply for British Guiana; examination of all coolies arriving for the year 1909 showed an average infection of 74.44 per cent; this importation of coolie labor is regarded as the source of the present extremely disastrous infection in that country. About 16,000 Indian coolies have been imported into Jamaica, and it is estimated that 50 per cent of them are now infected. By the importation of coolie labor the infection has been carried and is being carried from India also into Dutch Guiana, Ceylon, the Federated Malay States, the Straits Settlements, and Java. The health authorities at San Francisco examined a shipload of Indian coolies just arrived at that port last year, found an infection of about 90 per cent, and established quarantine against further immigration of this type. Every group of Indian coolies now in California is a center from which the infection is spreading in that State. From

the outbreak of the disease in the St. Gothard tunnel the infection was carried into the mines of Austria, Belgium, and Germany. In these countries large sums have already been spent in a systematic effort for its eradication.

These, among a multitude of similar facts, suffice to show that hookworm disease, in the light of our present knowledge, has ceased to be a local matter; it is an international problem of serious proportions.

Wickliffe Rose,
Administrative Secretary.

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HOOKWORM INFECTION IN FOREIGN COUNTRIES.

I. AFRICA.

ALGERIA.

I. Distribution of infection.—Albert W. Robert, American Consul at Algiers, reports infection in the oasis of Hodna, Province of Algiers, and in the vicinity of the town of Mostaganem, Province of Oran.

Sergent and De Mouzon report a heavy infection in the Oasis Mdoukal, Province of Hodna, and add this suggestive information: "It is a standing custom of the inhabitants of Mdoukal to emigrate each year to the number of about 150 to seek work in the coast towns. They reside in these towns for several years, then after they have accumulated some money return to Mdoukal. All those in whose stools we discovered *Ancylostoma* eggs at Mdoukal had lived for several months at Algiers. * * * These poor people among whom we demonstrated a heavy infection traverse the whole of Algeria in their journeyings."

Thomas H. Kearney, in describing the workers in the date gardens of Nefta and Tozer in the Jerid, Tunis, speaks of the "lank forms and sullen anemic visages of the residents of the Jerid."

These date gardens in the oases are jungles of tropical growth abundantly watered by irrigation; the climate, the shade, the moisture, make an ideal incubator for the eggs and larvæ of the parasite. In these groves the natives work with bare feet and unprotected legs and hands. All these

facts taken together make it highly probable that the infection exists in practically all the oases throughout Algeria and Tunis.

- 2. Degree of infection.—Sergent and De Mouzon examined 7 anemics at Mdoukal and found 7 infected; they examined 8 persons taken at random showing no signs of anæmia and found 4 of them infected. The Consul at Algiers reports cases as "very common in the Hodna and erratic only near Mostaganem." Dr. Ferrier examined at Mostaganem about 100 persons and found 8 infected (Bull. Med. de l'Algerier, Alger., 1905, XVI, 482-488).
- 3. Relief measures.—Nothing is being done to relieve the present sufferers or to eradicate the disease.

BRITISH EAST AFRICA AND ZANZIBAR.

I. Prevalence of the disease.—Alexander W. Weddell, American Consul, reports that in British East Africa the disease has been recorded as present in Mombasa, Malindi, and Voi; that it is well known to the coast tribes under the name of "safura."

For Zanzibar he reports that for the six months ending June 30, 1911, there were reported 122 deaths from hookworm disease on the Island of Zanzibar. These deaths were distributed as follows:

Mkokotoni District (agricultural)	76
Mwera District (agricultural)	44
Chwaka District (many fishermen)	2
-	
Total	122

2. Preventive measures.—According to the above report, routine treatment is given in the Government Hospital, Poor House, and prisons to natives showing pallor. For British East Africa the Government authorities say: "It is hoped that the schemes for sanitary improvement which are under consideration will result in the incidence of the disease being lessened."

EGYPT.

- I. Distribution of infection.—The infection is heaviest in the Delta, but it is present in every province; it is confined chiefly to agricultural laborers; recruiting officers find it less severe among black troops. Dr. Looss reports finding only the *Ancylostoma duodenale* present.
- 2. Degree of infection.—No exact investigation to determine the degree of infection has been made; it is reported very heavy. (Department of Public Health of the Egyptian Government.) Of all autopsies at Kasr-el-Aing Hospital, Cairo, 90 per cent of cases were infected. (Dr. A. G. Salter.) General estimate places the infection at about 50 per cent of the laboring population.
- 3. History.—For centuries Egypt has been a center from which the infection has spread to other countries. A papyrus written about 3460 years ago gives an accurate description of the A. A. A. disease, which some authors interpret as hookworm disease. In 1833 Mr. Hamant reported its presence among the peasants and soldiers. In 1883 Sandwith is struck with the anæmia among the soldiers in the Cairo hospital. Treatment began in 1887. In

1894 Dr. Looss came to Alexandria and Cairo and later he worked out the life-history of the parasite.

- 4. Conditions favoring the spread of infection in Egypt. -Latrines unknown; laborers work all day with bare feet, bare legs and hands exposed to damp infected earth (F. M. Sandwith). Temperature makes this possible the year round.
- 5. What is being done to alleviate or eradicate the disease.—Treatment is given at the Government hospitals and dispensaries. Public latrines in the mosques are made as sanitary as possible; no general movement for its eradication.

GOLD COAST COLONY.

- I. Prevalence of infection.—The British Secretary for the Colony reports: "Hookworm disease is prevalent in the Colony. The parasite Necator americanus appears to be existent rather than Ancylostoma duodenale. Its presence has been demonstrated in Fanti country, Akyem and Volta River District. Dr. Fisch, Basel Mission, estimates the degree of infection in Aburi as over 50 per cent in natives there, but there has been no official estimate. Workers in mines would appear to be little affected, the districts above mentioned being mostly agricultural; but cases have been recorded in Europeans working in mines."
- 2. Preventive measures.—The report continues on this point: "The steps taken are those of general sanitary principles in connection with washing places and latrines, and the question of applicability of the MacGregor principle is under consideration "

LAGOS.

I. Prevalence of infection.—Dr. Henry Strachan, Chief Medical Officer, reports the discovery of uncinariasis in Lagos*: "There is marked mortality among the natives from 'dropsy' and 'anæmia'. On seeing some of the cases so diagnosed, I was struck with the resemblance to the ancylostomiasis of the West Indies, and on examination the presence of the causative parasite was at once demonstrated." Treatment with thymol proved efficacious.

NATAL.

- I. Discovery.—The presence of hookworm infection in Natal was first demonstrated by the discovery of hookworm eggs by Dr. Boufa of Tougatt in 1906. This discovery was repeated two months later by Dr. John J. Elliott, Indian Medical Officer at Verulam.
- 2. Prevalence of the infection.—The population of Natal consists of natives 700,000, Europeans 80,000, Indians 200,000. Investigations conducted by Dr. Elliott show:
- (1) Of the coolie laborers on the sugar and tea estates about 50 per cent are infected.
- (2) Of the Indian population at the port of Durban about 80 per cent are infected.
- (3) From the 200,000 Indians the infection is spreading to the native kafirs. The infection is spreading from the coast inland.
 - (4) The infection is spreading among the Europeans.
 - 3. Conditions in Natal favoring the spread of the in-

^{*} J. Trop. M., Lond., 1898-9, v. I, p. 208.

fection.—Heat tropical in intensity; rainfall regular and plentiful on the plantations.

The Indian coolies are herded in barracks; they go bare-footed and wear scant clothing; their idea of sanitation and personal cleanliness is of the most elementary; it is a prevailing custom to keep wholesale scavengers attached to the barracks in the shape of swine, hens and muscovy ducks; the children, barefooted and bare-bodied, play in the filth around the barracks, become heavily infected and cannot be made to conform to sanitary regulations.

The 700,000 native kafirs are herded in great "locations" or "settlements". They are being brought into closer and closer relations to the Indians and the infection is spreading among them. Indian traders and free farmers circulate freely over the whole colony.

"The open life led by Europeans in Natal, the dwelling in tents in the hot season, and in beach residences with imperfect closet arrangements, the al fresco habits of Indian servants attached to households, the custom of allowing white children to run barefooted or sandaled, all contribute toward the spread of the disease among Europeans."

4. Origin of the infection.—Dr. Elliott of Verulam and Dr. Turner of Johannesburg attribute the spread of hookworm infection in Natal and Southeast Africa to the importation of coolie laborers from India. The 200,000 Indians in Natal represent the results of an unchecked immigration mainly from Calcutta and Madras for 40 years. A recent report states that the great majority of the whole native population of India is infected with hookworm disease. The infection was first discovered in 1906 among the Indian coolies; further examinations showed heavy in-

fections all along the coast from Cape Colony to Zulu. It was discovered later that immigrants fresh from India showed heavy infection. In 1908 the attention of the Government of Natal was called to the fact that recent shiploads had shown a large percentage; the Health Department examined the next immigrant ship and found 93 per cent infected.

Dr. Turner in a report giving the results of post-mortem examinations of natives newly arrived in Johannesburg shows no infection found among the natives living in Cape Colony, Orange River Colony, Transvaal, Bechuanaland, Basutoland, Matabele and Mashona; but of the natives from seaport districts the infection is heavy, the percentage of infection of all those examined being for the Mozambique Tribe 64; Quillemane 64; Beira 100; Nyassa 54; Myambaan 35; Shangaan 35; British Central Africa 25; Angoni 18. These facts are interpreted as indicating that the infection is from India; that it is spreading in Africa along the seaboard and thence inland to the native races by contamination by Indian traders and coolie laborers.

5. What is being done to control the infection.—When in 1908 the Government of Natal was advised by the Health Department that of the immigrant ship inspected 93 per cent were found infected, a cabinet meeting was called and it was decided to send the shipload back to India. This was abandoned for the reason that to be consistent every infected sugar and tea estate in the colony would have to be cleared of its Indians and this was too big an undertaking. The ship was quarantined for months; succeeding ships have been held in quarantine by the Government. The Colonial Health Department has thus made itself very un-

popular with the planters of Natal. On the estates the coolies are being treated. Latrines are supplied at many of the barracks but the regulations for their use are not lived up to, the children especially resist regulations and the workers persist in polluting the soil in the cane fields. During the year 1911 all infected immigrants have been given one course of treatment before being assigned to estates. (Information by A. B. Stewart, American Consul at Durban.)

SIERRA LEONE.

- I. Distribution of infection.—The Colonial Secretary reports that, up to the present, infection has been found only at Freetown; here it is common among the poorer classes.
- 2. Degree of infection.—Data insufficient for an approximate estimate of degree; infection is reported as "common among poorer classes" at Freetown; as not seeming "seriously to trouble the inhabitants."
- 3. Relief measures.—Nothing is being done to eradicate the disease.

TUNIS.

I. Distribution of infection.—Doctors E. Gobert and G. Gatouillard in describing the inhabitants of South Tunis say: "The traveler who goes for the first time into the oases of Tozer, of El Oudiane, or of Nefta is struck at once by the physical decadence of the population and the great number of extreme anemics that he meets. These anemics are very often inveterate dirt-eaters. It was the discovery of this that led us to make a systematic investigation for Ancylostoma." This investigation demonstrated the pres-

ence of infection at these places. Dr. P. Sonsino demonstrated the presence of hookworm at Gabés and at Gafsa.

This later report confirms the judgment expressed when describing the date gardens of the Jerid in connection with conditions in Algeria. (See Distribution of Infection in Algeria.)

- 2. Degree of infection.—There has not been sufficient investigation to justify an estimate of the degree of infection. Gobert and Gatouillard examined 107 persons and found 22 of them infected; only one slide was examined in each case; clearly the percentage of infection was much heavier. They found also a heavy infection of other intestinal parasites. The dirt-eating habit among these people is extreme; 60 per cent of those found infected were confirmed dirt-eaters. The dirt-eater keeps a large store of his choice dirt at his house and carries a small bit with him wherever he goes.
- 3. Relief measures.—Nothing is being done to alleviate or eradicate the disease.

II. THE AMERICAS.

ANTIGUA.

- 1. Distribution of infection.—In 1897 Dr. Galgey of St. Lucia, reported the disease as endemic and prevalent all over the West Indies. Dr. H. A. A. Nichols (1900a), of Dominica, quotes the statement with approval;* he reports further that infection is not uncommon in Dominica, but on account of sparse population and an abundance of pure running water the chances of infection are much less than in Antigua; that infection is extremely prevalent in Antigua; that conditions indicate that it has been here for a long time and is the same as the "negro cachexy" described by early physicians.
- 2. Degree of infection.—In the light of present knowledge the degree of infection cannot be stated in terms of percentages. Dr. Wm. M. McDonald (1900a), Acting Medical Superintendent at Halberton Institute, Antigua, states that within 13 months he had in the hospital 148 cases; that these were extreme; that all had been unable to work for from 6 to 12 months; that 34 of them died; that the disease is sapping the life and energy of the laboring population of Antigua.†
- 3. Conditions favoring spread of infection.—Dr. Mc-Donald states that the population is dense; that the water supply is the worst, being dirty pond water; that all cane fields are open latrines; that during rains, the wash from

^{*} J. Trop. M., Lond., 1900, v. 2, p. 247.

[†] J. Trop. M., Lond., 1900, v. 2, p. 297.

these cane fields finds its way into the ponds that supply drinking water to the natives. To this may be added the tropical climate and the habit of going barefooted the year round.

4. Relief measures.—According to Dr. McDonald nothing is being done to relieve the situation. Even the sick are not properly cared for. He has reported the situation to the Government,

ARGENTINA.

I. Disease not prevalent.—The American Consul at Buenos Aires, R. M. Bartleman, submits a communication from the National Department of Hygiene, stating that in the Federal Capital statistics have been kept of about 31 cases of hookworm disease; that these are imported cases; that the disease does not exist in Argentina.

BARBADOS, W. I.

The American Consul at Barbados reports:

- I. Distribution of infection.—"The country is infected. The districts chiefly infected are the Parishes of St. Andrew, St. Joseph, and the lower part of St. John, but occasionally cases occur in the other parishes. * * Infection is agricultural."
- 2. Degree of infection.—"In the absence of reliable statistics an approximate estimate of the degree of infection can not be given, but the number of cases is not great, or at any rate, the cases that present severe symptoms."
- 3. Relief measures.—"Ordinary sanitary by-laws are enforced as far as possible but no special measures are directed against the disease."

BRAZIL.

- I. Distribution of infection.
- a. Para: Consul George H. Pickerell, at Para, reports: "Hookworm infection undoubtedly exists in the whole Amazon River District. This opinion is based upon our local hospital practice, the hospitals accepting persons coming from interior points or other states." He says that the infection is agricultural; that there are no mines.
- b. Bahia: Consul S. P. Warner, Bahia, reports that "hook-worm infection is general throughout the state of Bahia, especially among the lower classes"; that the infection is agricultural.
- c. Sao Paulo: Paulo R. Pestano, Director of Commerce and Industry, at Sao Paulo, reports that hookworm infection in the state of Sao Paulo is most prevalent in the regions traversed by the Sorocabana, the Paulista, and the Central of Brazil railroads; that the infection is agricultural. Consul Jay White, at Santos, submits a map showing the infection to be distributed over practically the whole state.
- d. Brazil as a whole: Dr. Sampio Vianna, for the Director General of Public Health at Rio de Janeiro, says that hookworm infection is observed in almost all the States of Brazil; that the disease is most prevalent in the northern and central regions. Mr. Lay, Consul General at Rio de Janeiro, writes: "This disease exists throughout a great section of the nation of Brazil."
- 2. Degree of infection.—The degree of infection cannot be definitely stated on the basis of available data. The infection is reported as heavier in the northern and central regions; in a state as far south as Sao Paulo, 151 of the

171 counties of the state reported deaths from hookworm disease for 1910. For 1909 there were 478 deaths from hookworm disease reported for the state of Sao Paulo; these by municipalities were: Taubate, 41; Sao Jose dos Campos, 36; Santos, 32; Jaher, 26; Beheduro, 23; Soccorro, 15; Botucatu, 10; Dais Corregos, 9; Barretos, 8; Agudos, 7; Bariry, 8.

- 3. Relief measures.—The Brazilian Government, acting on the vote of the Fourth Latin-American Medical Congress, held in Rio de Janeiro in 1909, has recommended through the General Department of Public Health the following preventive measures:
- a. Protection, by the use of boots, of mine workers and all who handle brick, pottery, earth roofing material, etc., and all persons engaged in agriculture.
- b. Disinfection of the excrement of persons infected with hookworm disease.
- c. Disinfection of mines, of factories, and of the yards of farmers.
- d. Isolation and treatment of infected persons, who should not be allowed to return to work until the stool is free from eggs of the parasite.

BRITISH GUIANA.

- I. Distribution of the infection.—The whole of British Guiana is infected with hookworm disease. Infection is heaviest on the sugar estates which occupy practically the whole coastal area. It is agricultural mainly.
- 2. Degree of infection.—It is estimted that about 50 per cent of the population of the Colony are infected. (Robert

- A. Crance, American Vice Consul.) The percentage of infection among the cooly laborers on the sugar estates is much greater. Of the Indian immigrants brought into the country in 1909, 74.44 per cent were infected. (W. F. Law, M. D., Medical Inspector.) On one ship this year (1911) the infection was 78.5 per cent. This immigration from India is the chief source of labor supply for the sugar estates.
- 3. Origin of infection.—It is not known whether there was any infection in the Colony before the importation of cooly labor from India; there is no evidence of its existence there previous to this time. The bulk of the labor supply for British Guiana consists of East Indians brought to the country under indenture. This immigration is bringing into the country a constant stream of new infection.
- 4. Economic significance of the disease.—Dr. Law, the Government Medical Inspector reports the economic loss due to hookworm disease on the sugar estates as heavy. On one estate where the laborers were treated on a large scale the manager reported that the working power of the gangs had increased 100 per cent.
- 5. What is being done to alleviate or eradicate the disease.—In 1888 Dr. Griem called attention to the existence of hookworm infection in British Guiana; since that time the subject has received increasing attention. From 1904 to 1908 about 39,000 cases were treated in the estate hospitals. In 1908 the Governor advised the estate owners that in future allotment of immigrants might be made conditional on the provision of suitable latrine accommodations. In his report for 1910 the Government Medical Inspector says:

"This mild compulsion has had such a good effect that now practically every estate has a good and effective latrine system, and planters who were formerly my strongest opponents are now firm believers in the usefulness of proper sanitary accommodations for their laborers."

In this same report the Medical Inspector calls attention to the new infection introduced by the immigrants; he says: "Last season was the worst we have as yet experienced in this direction, 74.44 per cent of the immigrants having been found infected on arrival. * * * Measures should certainly be taken either in India or on board ship to treat these cases, otherwise we shall be compelled in self-defense to isolate every one on arrival."

BRITISH HONDURAS.

- I. Distribution of infection.—J. H. Hugh Harrison, Colonial Surgeon, reports* that hookworm infection plays an important part in the death rate of the colony; that infection is general through the colony; that it seems to be especially heavy along the banks of the Belize river and extending up to the frontier and also in the northern districts; that cases came to the hospital from Placencia, in the south, from Bacalar Chico in the north, and from so many places distributed over the Colony as to settle the question that infection is most general.
- 2. Degree of infection.—Dr. Harrison reports: "Postmortems have demonstrated the fact that these parasites were present in about 70 per cent of the cases." Beyond such hospital work no systematic survey has been made.

^{*} J. Trop. M., Lond., 1909, v. 12 (18), p. 275.

- 3. Conditions favoring spread of infection.—The people of the Colony, for drinking water and for bathing purposes, avoid running streams and prefer standing pools, which they say are collections of pure rain water. These pools are polluted. To this are added a tropical climate, primitive sanitary habits, and the custom of going barefooted the year round.
- 4. Relief measures.—The cases that come to the attention of private practitioners are being treated. No systematic relief measures have been adopted; the people are ignorant even of the presence of the disease.

COLOMBIA.

- 1. Distribution of infection.—Charles H. Small, vice and deputy Consul General at Bogota, reports that the great majority of the inhabitants of Colombia, the population of which is estimated at 5,000,000, live in the lowlands, where the temperature is between 60° and 100° Fahrenheit and the altitude varies from sea-level to perhaps 3,000 feet above; that it is reliably stated that nine out of every ten persons living in these districts are afflicted with hookworm disease; that the infection is among the miners, and is in abundant profusion throughout the agricultural sections, where the laborers on the coffee, sugar, rubber, tobacco, banana, and other plantations are seemingly all affected; that the parasite is also found in the higher regions, such as the plateau of Bogota, 8,000 feet above sea-level; but, on account of the cool climate, the infection in these higher regions is light.
- 2. Degree of infection.—On this point Mr. Small says: "In general, it may be stated that, with the exception of that

portion of Colombia situated at a greater altitude than 3,000 feet, the entire country is infected with hookworm, and that within the infected areas about 90 per cent of the inhabitants are victims of the pest."

- 3. Conditions favoring the spread of the disease.—This report continues: "The swampy, damp regions, filled with decomposing vegetable matter, and which predominate throughout the lowlands of Colombia, offer a fertile field for the increasing growth of the hookworm, especially in view of the fact that the native inhabitants of these districts are but little inclined to the practice of hygienic or sanitary measures of any kind."
- 4. Relief measures.—On this point Mr. Small says that, "according to the most prominent Colombian scientists, one of the greatest problems with which the people of Colombia are confronted at the present time is that of the evils attendant upon the presence of hookworm infection"; that "thus far the Government officials of this Republic have taken no official cognizance of the hookworm infection as a menace to the health of the people and its retarding effects upon national progress"; that the investigations thus far made have been made by public-spirited physicians and scientists, and that they have all arrived at practically similar conclusions. "It is hoped," he says, "that in the future either the Government or some philanthropic organization will provide funds to be employed in a scientific and systematic attempt to eradicate this pest."

DOMINICAN REPUBLIC.

- I. Distribution of infection.—F. M. Endicott, Consul General at Santo Domingo, reports that the greatest number of cases exist in the heart of the Cibao Province, where the population, entirely rural, is most widely infected; that in the province of Sabana de la Mar the disease has made rapid progress; that, with the exception of the southern portion of the island, the entire country is infected; that the infection is agricultural; that in the Cibao district the larvæ find conditions most favorable to their development; and that the natives earning their living solely from the cultivation of cocoa walk barefooted through the plantations and get the germs of the disease.
- 2. Degree of infection.—The degree of infection cannot be stated at present in percentages. Mr. Endicott reports on this subject: "It appears certain that it is spreading, and, far from decreasing, continues steadily on the increase. Certain regions where the disease had never been reported are at present infected. This could hardly be otherwise, as no hygienic precautions have been taken, and the natives of the country are completely ignorant of the most elementary laws of hygiene. The districts which have suffered most from this disease may be named in the following order: The Cibao Province, Sabana de la Mar, and the Seybo district."
- 3. Preventive measures.—There are none. In 1906 Dr. Defillo wrote in the Revue Dominicaine: "In view of the magnitude of the peril I have not been inactive. I duly informed the Minister of War of the serious fears I entertained of the spread of this disease. * * * If those

whose duty it is to watch over the public health shall not take all possible measures to check the invasion of hookworm disease, in a short while it will spread and produce among our countrymen as great ravages as it has already done among other peoples." Mr. Endicott says that no preventive measures have been adopted, and that the disease has spread.

ECUADOR.

I. Prevalence of hookworm infection.—Dr. Herman B. Parker, Passed-Assistant Surgeon, U. S. Public Health and Marine Hospital Service, reports under date of May 17, 1911:

"On my arrival in Ecuador I was impressed with the severe anemias that prevail here, and, shortly after the arrival of my laboratory outfit, verified the cause of these anemias as hookworm infection. I have not conducted any investigation as to the actual presence of the parasite outside of Guayaquil, but in the places visited I have met with the same severe clinical type of anemia that characterizes this infection.

"I noticed this anemia more particularly in the coast towns of the Province of Manabi, where the towns are built on or close to the sandy shores of the Pacific and have a primitive sewage disposal and a common unprotected water supply. Fishing, agriculture, and a small amount of commerce are the principal pursuits of those places."

There are few mines in Ecuador, and these are remarkably free from all infection, due to modern disposal of sewage and safe supply of drinking water.

"Regarding the altitudes," continues Dr. Parker, "a most interesting condition is met with; here the natives, more

particularly the Indians, are of a distinct physical type. being free from the anemias that characterize the lowlands, having clear complexions with rosy cheeks, showing the apparent absence of these infections."

- 2. Economic importance of the disease.—Dr. Parker reports: "Last fall I visited one of the largest cocoa plantations near Babahoyo and found that the anemias of hookworm and chronic malaria reduced the efficiency of the 300 laborers on that place to not more than 33 per cent."
- 3. What is being done to eradicate the disease.—Dr. Parker writes: "Nothing, by either public or private agencies, is being done to alleviate or eradicate the disease."

FRENCH GUIANA.

- 1. Distribution of infection.—Systematic examinations of prisoners and soldiers made by Dr. E. Brimont indicate that infection is general throughout French Guiana.
- 2. Degree of infection.—The degree of infection is indicated by the following results of Dr. Brimont's examination:
 - a. Prisoners at Saint-Laurent: examined, 406; infected, 71.92 per cent.
 - b. Prisoners at Saint Jean du Maroni: examined, 233; infected, 73.39 per cent.
 - c. Prisoners at Iles du Salut: examined, 157; infected, 50.95 per cent.
 - d. Prisoners at Cayenne: examined, 63; infected, 88.88 per cent.
 - e. Local population at Saint-Laurent: infected, 35 per cent.
 - f. Soldiers: total number examined not given; infected, 50 per cent.

The report further states that the disease has greatly retarded the development of French Guiana.*

3. Relief measures.-No report on this subject.

GUATEMALA.

- I. Distribution of infection.—The fact that hookworm infection has been demonstrated in all the States of southern Mexico, in British Honduras, Honduras, and Salvador, would indicate that the whole of Guatemala is involved. The presence of hookworm infection in Guatemala was first announced by Dr. H. Prowe in 1889. His later investigations demonstrate a prevalent infection. He reports (1899a) that the infection seems to be most prevalent along the coast among the neighboring hills, and in the high valleys of the Cordillera; that in different parts of Guatemala he has met with many hundreds of cases of the disease.
- 2. Degree of infection.—The following records of investigations by Dr. Prowe serve as a rough index to the degree of infection:
 - a. Hospital at Ritalhuleu, Guatemala, September, 1893, to March, 1894: of 522 patients received, 246 had hookworm disease.
 - b. Of 83 autopsies, hookworms were found in 46 cases; in 25 of these cases it was the sole cause of death.
 - c. On a coffee plantation, during 28 months 1,286 sick people were under care; of these, 528 had hookworm disease; 43 of these cases died of the disease.
 - 3. Relief measures.—No report on the subject.

^{*} Arch. de parasitol., Par., 1906, v. 10 (3), p. 459.

^{*} Arch. f. path. Anat. [etc.], Berl., 1899, v. 7 (3), pp. 458-474.

HONDURAS.

- I. Distribution of infection.—Claude I. Dawson, American Consul at Puerto Cortes, reports that hookworm infection prevails to a considerable extent throughout Honduras; that the infection is general, but is most prevalent in the interior and coast agricultural districts; that it is not frequently seen along the extreme north coast. Infection is rural and agricultural.
- 2. Degree of infection.—No systematic investigation has been made in Honduras. Mr. Dawson quotes an American physician on the northern coast as follows: "In this immediate section of the country it is extremely rare. In looking over my case records I find I have had only two cases in the last ten years. In the interior towns and rural districts there is a complete absence of all sanitary precaution; consequently the soil is polluted, and from data supplied to me by physicians in the interior I know that certain districts are badly infected and the disease is common and widely distributed."
- 3. Preventive measures.—Mr. Dawson reports on this point: "The government has taken no notice of the disease, nor have any steps, either private or public, been taken to alleviate or eradicate it. In fact little attention has been paid to its diagnosis among those seeking medical treatment for obscure cases of pernicious anemia. The fact that a few foreigners were unsuccessfully treated for anemia and later treated for hookworm disease in the United States and entirely cured has called the attention of physicians to the necessity of correctly diagnosing the case."

JAMAICA.

- I. Distribution of the infection.—The superintending medical officer of the colony reports that: "Hookworm disease does exist in Jamaica. It has been reported as existing in the following parishes or parts thereof during the last financial year: St. Andrew, St. Thomas, St. Anns, St. James, St. Elizabeth, Portland, Westmoreland, Clarendon. It is found chiefly among East Indians, although also to some extent among creoles; of some 230 cases reported in one district nearly 100 were among East Indians."
- 2. Degree of infection.—The population of Jamaica is estimated to be about 862,000, of whom about 15,000 are whites, 16,000 East Indian coolies, 150,000 "colored," 5,000 not classified, and the rest negroes. Of the East Indian coolies it is estimated that about 50 per cent are infected. The new arrivals bring the disease with them from India.
- 3. Relief measures.—The superintending medical officer reports: "An order has been issued that as a routine practice all admissions to hospitals whose symptoms are at all suggestive of hookworm disease shall be treated therefor. I may say that the Malaria Commission, of which I am a member, is now collecting reports with a view to consider what measures can be taken to alleviate, reduce, or eradicate the disease." All coolies suffering from any disease are given free treatment in government hospitals.

MARTINIQUE.

I. Distribution of the infection.—The Director of the Health Service at Martinique reports: "The disease is prevalent throughout the country, especially in localities where

the people drink water from certain ponds." The parasite found is *Necator americanus*.

- 2. Degree of infection.—No information available. Thomas R. Wallace, American Consul at Fort-de-France, writes: "The inhabitants of Martinique are just beginning to be informed of the existence of hookworm and the conditions resulting from its infection."
 - 3. What is being done to eradicate the disease.—
- (1) The officials of the Health Service are spreading information on the subject by means of printed matter and by public meetings in the country.
- (2) Regulations have been issued controlling the disposition of night soil.
- (3) In 1909 a Hygiene and Microbiology Institute was established for the free treatment of transmissible diseases.

MEXICO.

I. Distribution of infection.—Dr. J. W. Colbert, of the Santa Fé Hospital, New Mexico, reports: "I have made an extensive study of this condition in Mexico, and have found the infection in the states of Lower California, Sinaloa, Queretaro, Guanajuato, Michoacan, Chiapas, Vera Cruz, Guerrero, Oaxaca, and Yucatan." Dr. Ricardoe Manuel, of Mexico, reports infections in Hidalgo, Tamaulipás, Guerrero, Michoacan, Zacatecas, and Guanajuato. Dr. W. C. Alvarez, of Cananea, Sonora, Mexico, confirms these reports as follows: "So far, cases have been reported from almost all the most southern Mexican states from the Isthmus of Tehuantepec and Yucatan to the states just above the City of Mexico. No case has yet been reported from

the immense northern states of Coahuila, Chihuahua, Sonora, and Durango. As these states have a more temperate climate and severe winter, owing to their great altitude above sea-level, the hookworm may never get hold on the higher plateaus."

- 2. Degree of infection.—Dr. Alvarez reports the disease as "very prevalent in the mines of Santa Rosalia, Lower California, and says the whole west coast appears to be heavily infected. Dr. Colbert reports: "I have examined a group of 114 Mexican laborers just received for section work on the Santa Fé Railway, and I found 13 of the men infected with hookworm." Dr. Luis R. Laru estimates infection in the mines of the Real del Monte and Pachuca at 50 per cent.
- 3. Origin and spread of the infection.—Dr. Manuel finds that "all the worms observed so far in Mexico are of the old-world type," and believes that the infection was introduced by foreign miners and has spread by the floating mining population. Dr. Colbert, on reporting finding 13 infected persons in a squad of 114 Mexican laborers, says: "I was informed that between two and three hundred of these men were received in El Paso every day for work on the various railroads of the country, and I believe that these Mexican laborers are responsible for the many cases coming to our notice thoughout the West, the Middle West, and Southwest."

^{4.} Relief measures.—Dr. Alvarez writes: "Nothing at all is being done, and, unfortunately, there seems to be no recognition of the disease by the local physicians, who for the main part are very poorly educated, and none that I have met use microscopes."

Reports from the public health authorities in many of the States indicate that there is but little local knowledge of the disease.

NICARAGUA.

- 1. Prevalence of infection.—Dr. M. S. Lane, graduate of a medical school in Ontario, Canada, and a practicing physician in Bluefields, reports: "This coast, of the Department of Bluefields, is certainly infected. Referring to my notes, I find I have attended the following cases: 6 cases from Cape Gracias and district; 7 cases from Prinzupulcu and district; 13 cases from Rio Grande and mahogany camps; 27 cases from Pearl Lagoon district; 110 cases from the town of Bluefields—part of these lived here; some came from banana plantations on Escondido River, Cukra district, and Rama Cay. My cases have been all from agricultural districts."
- 2. Degree of infection.—On this point he says: "I am unable to answer this question intelligently, not having the proper data, but I should judge that the percentage of cases is small."
- 3. Relief measures.—"Only what the individual physicians of Bluefields do in treating individual cases and advising as to sanitation and prophylaxis. There is no health board here."

PANAMA.

1. Distribution of infection.—The infection is general throughout the Republic of Panama. Prevalent among agricultural classes and natives in general; both the new-world and the old-world species present.

- 2. Degree of infection.—Alban G. Snyder, Consul General at Panama, reports: "Infection general and to the approximate degree of 20 per cent."
- 3. What is being done to alleviate or eradicate it.—The cases which come to the hospital are being treated. Beyond this nothing is being done by public or private agencies.

PARAGUAY.

I. Prevalence of hookworm infection.—The following letter addressed to Cornelius Ferris, American Consul at Asuncion, gives our only available information on the subject:

"In fulfillment of my promise this afternoon, I beg to confirm the information which I gave you, that hookworm disease is very prevalent in this country. Since 1865, when the tyrant, Solano Lopez, commenced the war which lasted until March, 1870, the whole population had been living in a state of semi-starvation. The survivors of that great calamity continued to die off, as during the latter years of the war, from diarrhea, attributed ignorantly by us to the mere want of a healthy food, without suspecting the existence of a parasite in the bowels, until 1880, when it was shown in an epidemic among the workmen in the St. Gothard tunnel to be caused by the hookworm or Ancylostoma. With regard to parasitic worms and disease-bearing protozoa our field is still unexplored, but if American investigators, who rank in the first line today, could be induced to come with the text of St. Luke 10:1 to 16, they

"Yours sincerely, Wm. Stewart, M. D."

would return again with joy like those 70 gospel messengers.

2. Preventive measures.—Mr. Ferris reports: "Nothing is being done to alleviate or eradicate the disease."

PERU.

- I. Distribution of the infection.—Dr. J. C. Gutierrez, Acting Assistant Surgeon, U. S. Public Health and Marine Hospital Service at Calao, Peru, reports: "Peru is infected with hookworm disease. The territory of Peru is divided into three zones-the Coast, the Sierra or Cordillera, and the Montana or forest region. The latter is the sole region recognized as infected. This zone extends from the slopes of the Cordilleras as far as the frontier of Brazil and Bolivia, and represents close upon two-thirds of the total surface of Peru; the population may be set down as 450,000 inhabitants. At Iquitos there are many cases of hookworm disease. * * * The infection is known only among the agricultural classes. Among the workers in the mines are seen some cases. * * * but all of them have visited the Montana region, so that it is not possible to ascertain if the patients became infected while working in the mines."
- 2. **Degree of infection.**—Dr. Gutierrez reports: "Thirty per cent of the poor in the Montana region are infected with hookworm disease. Among the people of the better class cases are rare."
- 3. Relief measures.—The same report continues: "Nothing is being done by public or private means to alleviate or eradicate the disease."

PORTO RICO.

- 1. Distribution of infection.—When the Porto Rico Anemia Commission, established as a result of Ashford's earlier investigations, took up its work in 1904 it was found that hookworm infection was present over the whole island; infection was heaviest on the coffee plantations in the mountain regions. The parasite found in Porto Rico is Necator americanus.
- 2. Degree of infection.—The population of the island was in 1904 about 1,000,000; it was estimated that about 800,000 of these were infected; that among the workers on coffee plantations infection would run as high as 90 per cent.
- 3. Conditions favoring spread of infection.—The climate is tropical; the rainfall abundant; with the exception of a brief season, the ground under the coffee trees is rarely ever dry; the jibaro pollutes the soil around his hut; this soil is covered with a mulch of decaying leaves and is shaded by banana plants and coffee trees; the jibaro goes barefooted the year round and throughout life; the children under 6 years old usually go unclothed.
- 4. Relief measures.—The Porto Rico Anemia Commission began systematic work in 1904; since that time more than 300,000 Porto Ricans have been treated. Treatment is given free at anæmia dispensaries, which are maintained at convenient points over the island; instruction in sanitary measures is given to the people as they are treated and is ... given to the children in the schools. The Porto Rican government is this year (1911) expending \$50,000 for the maintenance of the work.

Note.—The laborate reports of the Porto Rico Anemia Commission make it unnecessary to give here a detailed account of the work.

SALVADOR.

- I. Distribution of infection.—The first case of hookworm disease reported in Salvador was discovered by Dr. H. Prowe in 1887. In 1889 Dr. Prowe reports that he has seen hundreds of cases in Salvador; that it is heaviest among the coast Cordilleras and in the central portion; that the east and west sections of the country are for the most part free.* Harold D. Clum, Vice Consul General at San Salvador, reports: "The Hospital Rosales, in San Salvador, is the only place in this Republic where the disease has been observed and from which it has been possible to obtain any data regarding the degree or spread of the infection. * * * From 1903 to the present year (1911), 1,482 examinations have been made in the Laboratory of Biological Chemistry in this institution. * * * Among the patients found to be suffering from hookworm disease there were persons from all of the fourteen departments and practically all of the principal towns and cities, as well as many of the smaller villages of the Republic, from which it is evident that the infection extends over the entire country." He reports infection as heaviest among agricultural day laborers; as present also among miners, masons, and bricklayers.
- 2. Degree of infection.—Our present knowledge is not sufficient to justify a statement of the degree of infection in percentages. Dr. Prowe examined at Hospital Rosales 112

^{*}Arch. f. path. Anat. [etc.], Berl., 1899, v. 7 (3), pp. 458-474.

persons, 65 of whom he found infected. Of 1,482 examinations made at the laboratory of this institution from 1903 to 1911 infection was found in more than 30 per cent of the cases.

3. Relief measures.—Mr. Clum reports that no measures have been adopted by public or private agencies to alleviate or eradicate the disease; that it has not been regarded as meriting special attention; that comparatively few physicians of the country are acquainted with it.*

SURINAM, OR DUTCH GUIANA.

- I. Distribution of infection.—Dr. E. A. Koch, medical inspector for the colony at Paramaribo reports that hookworm infection is spread over the whole of the colony; that it is especially prevalent wherever immigrants are collected in large settlements. The labor on the plantations is composed mainly of immigrants from India and Java. This immigration has brought a steady stream of infection into the country.
- 2. Degree of infection.—An estimate of the degree of infection for every infected area has not been made, but many plantations have been found on which the infection runs as high as 90 per cent.
- 3. Relief measures.—For the eradication of the disease the following measures have been adopted:
- a. Sanitary privies have been provided for British Indian and Netherland Indian immigrants.

^{*}Mr. Clum derives his information from Dr. Pedro A. Villacorta, in charge of the Section of Demographic Statistics of the Superior Board of Health of Salvador, and from Dr. José C. Gasteazoro, a practising physician of the city.

- b. A law has been enacted against soil pollution along the roads and on the plantations.
- c. The distribution of popular literature in the Hindostanese and Javanese tongues.
- d. Treatment in plantation hospitals of all those who are infected, together with periodical examinations of those who are suspected of being infected. The treatment given is as follows: A purgative in the evening; on the following morning four to six grains of thymol in pills, followed a few hours later by another purgative.

TRINIDAD.

- 1. Distribution of the infection.—Franklin D. Hale, American Consul at Trinidad, reports: "All over the island. The infection is agricultural."
- 2. Degree of infection.—Of 25,055 cases of sickness treated at estate hospitals during the year 1909, 994 were classified under the head of hookworm disease, as against 121 cases for the year 1907.
- 3. What is being done to eradicate the disease.—Nothing is being done by the government; no decisive action has been taken by any private agency. Cases are being treated in estate hospitals. The Agricultural Society at its meeting, June, 1910, appointed Dr. Nasson a committee of one to investigate and report on the disease.

VENEZUELA.

1. Distribution of infection.—Physicians at Maracaibo report infection in the region south of Lake Maracaibo; Herbert R. Wright, at Puerto Cabello, reports that consular

district as infected; Isaac A. Manning, American Consul at La Guayra, advises that no study has been made of the geographical distribution of hookworm disease in Venezuela; that a leading physician in Caracas reports having knowledge of the general presence of infection throughout the country. Dr. Louis Razetti, of Caracas, advises that at the meeting of the National Congress of Medicine next June there will be a report from each state as to general distribution of hookworm infection.

- 2. Degree of infection.—No accurate data for an approximate estimate. At San Esteban, a village about ten kilometers from Puerto Cabello, the infection is reported as extending to "a great part of its inhabitants."
- 3. What is being done to eradicate the disease.—Some physicians are treating cases in their private practice. It is expected that the report from the states at the meeting of the National Congress of Medicine next June will be the beginning of some concerted action for the eradication of the disease. Beyond this nothing is being done.

III. ASIA.

BAGDAD, TURKISH PROVINCE OF.

- I. Prevalence of infection.—Mr. Leonard, American Vice and Deputy Consul at Bagdad, reports: "The Turkish Province of Bagdad is infected with hookworm, but the geographical distribution of the infection within the country is unknown. * * * The infection is agricultural."
- 2. Degree of infection.—The report estimates the degree of infection at about 10 per cent.
- 3. Preventive measures.—Nothing is being done by private or public agencies to alleviate or eradicate the disease.

CEYLON.

- I. Infection.—Both Ancylostoma duodenale and Necator americanus are found in Ceylon. The infection covers practically the whole of the planting districts where Tamil labor is used; it involves also the Sinhalese villages on the confines of the planting districts. The disease is more prevalent on the estates situated in the "low country."
- 2. Degree of infection.—Badly infected estates may have the labor force infected to the amount of 90 per cent. The committee appointed by the Colonial Secretary to consider measures to prevent the spread of hookworm disease in the island recommends that all superintendents of estates treat all new arrivals with beta-naphthol. "The ground for this recommendation," says the report, "is that the percentage of coolies arriving in the island who are suffering from this

disease in a more or less marked degree is so high that the disease may be said to be practically universal." The committee also recommends the treatment of the whole labor force on infected estates.

- 3. Infection agricultural.—The infection is confined practically to those who follow agricultural pursuits. The number of persons working in mines is very small; the presence of infection among them has not been ascertained; evidence of the symptoms of the disease among them is absent.
- 4. Origin and spread of the infection.—It is not known whether the native population of the island was originally infected; it seems to have been at least relatively free from it. Most of it certainly has been brought into the island by the importation of coolie laborers from South India. On March 17, 1910, the Colonial Secretary writes to the chairman of the Planters' Association: "I am directed by the Governor to inform you that it has lately come to the notice of the government that not only is ancylostomiasis [hookworm disease] on the increase in Ceylon, but that in districts where Sinhalese labor is employed upon estates the disease is showing a tendency to spread to the native population of the island, who hitherto have for the most part been free from it. Recent investigations, as you are aware, have also disclosed the fact that a considerable percentage of the immigrant coolies landing in Ceylon for employment upon the estates are already on arrival infected by the disease."
- 5. Conditions which favor the spread of the disease.— The climate of Ceylon is warm and moist; the coolies on

the estates are massed in "lines;" the lines are not provided with latrines, and the planters contend that the coolies cannot be made to use the latrines even when they are provided; the habits of the coolies are to befoul the soil about the lines and on the estates where they work; their feet and legs are not protected from contact with the polluted soil.

6. What is being done to alleviate or eradicate the disease.—On February 4, 1909, the English Government sent to the Governor of Ceylon the following dispatch:

The Right Hon. the Earl of Crewe, K. G., to Governor Sir H. E. McCallum, G. C. M. M., A. D. C. Ceylon. No. 53.

Downing Street, February 4, 1909.

SIR: I have the honor to inform you that a committee has been sitting at this office to consider what measures could be recommended for the prevention of ancylostomiasis in the colonies affected by that disease.

- 2. This committee has been presided over by Sir Patrick Manson, and has numbered amongst its members Professor J. S. Haldane, F. R. S., who some years ago was commissioned to report to the Home Secretary on the prevalence of ancylostomiasis in the Cornish mines.
- 3. Reports on the existence and treatment of ancylostomiasis have been obtained from a large number of colonies and have been laid before the committee, who have also taken verbal evidence from a number of medical officers and others who have had experience of the disease.
- 4. I have now been furnished with a copy of the report of the committee, and in this dispatch I propose to summarize the conclusions at which I have arrived after perusing it.

- 5. Having considered the reports from the several colonies, with the observations of the committee upon them, I recognize that the loss of labor caused by the prevalence of ancylostomiasis is very serious, and affects prejudicially not only the employers of labor, but the community at large. Not only is there serious loss of life, direct and indirect, but also through the invaliding of laborers the charges for hospitals and pauper expenditure are largely increased. This loss is, in my opinion, largely avoidable. Experience has shown that certain simple, well-understood, and inexpensive measures can be adopted, which, if properly carried out, will reduce the evil effects of anchylostomiasis to a negligible quantity.
- 6. I think that the colonial authorities have been inclined to exaggerate the difficulties of dealing with this question. They have argued that the complete eradication of ancylostomiasis is impracticable, and that the cost of preventive measures is prohibitive; and they have been content, with a few commendable exceptions, to do nothing in the matter.
- 7. It cannot be too clearly understood, however, that, provided that reasonable precautions are taken to prevent the constant reinfection of the laborers, the presence of a small number of anchylostohis, even in a large proportion of the population, may have no appreciable effect. Moreover, no elaborate sanitary appliances are necessary to guard against reinfection on a large scale. For example, latrine accommodation on estates is, I am advised, sufficiently subserved by a hole or trench cut in the ground, provided that the contents are covered with earth from time to time. If it is insured that this accommodation will be used by a

majority of the laborers, the fact that isolated cases of fouling of the soil cannot be prevented is not of material importance. The main point is to guard against the fouling of the soil in places where, from the condition of the soil and the presence of numbers of laborers, it is clear that danger is to be apprehended.

- 8. In these circumstances I think that no hardship can be involved in compelling estate owners, local bodies, and private persons to take such reasonable precautions as experience has shown will minimize the constant drain on the resources of the community which the existing state of affairs involves.
- 9. I therefore recommend, for your very careful consideration, that
 - a. Wherever necessary, laws should be enacted enforcing the provision on estates and elsewhere that numbers of laborers are collected of simple, inexpensive, but efficient, latrines, in places appropriate both as regards the convenience of the laborers and the health of the public.
 - b. A penalty should be imposed on persons found avoidably defecating in any place where contamination of the soil or water would be likely to cause risk of infection.
 - c. Each colony should be divided into convenient districts, in each of which should be appointed an inspector responsible to the local authority, medical officer, or some other authority, who should be charged with the enforcement of sanitary regulations.
 - d. In all schools object lessons on ancylostomiasis should, as far as possible, be given. Leaflets containing simple information on the subject should be distributed periodically. The committee consider that the pamphlet

prepared by Dr. Nicholls, of the Leeward Islands, would form a suitable model.

- e. While the treatment for anchylostomiasis of the whole population is clearly impracticable, arrangements should be made for the distribution from convenient centers, such as schools, post-offices, district nurse stations, etc., of anthelmintics at cost price, with simple directions for use. For this purpose beta-naphthol is the most suitable drug, thymol and other toxic anthelmintics being used only under medical supervision.
- 10. It has further been suggested that an inspectorgeneral should be appointed, his salary being divided amongst the several colonies concerned, whose duty it would be to supervise the measures taken for the eradication of ancylostomiasis and to distribute advice and information. The appointment would, it is suggested, be purely temporary in the first instance. While I shall be glad if you will place this suggestion before the Legislature, if a convenient opportunity should occur, and invite their observations upon it, I wish it to be clearly understood that discussion of this proposal should not be allowed to interfere with the carrying out of the measures which I have advocated above. The appointment of such an officer would, I recognize, involve financial and constitutional questions of some complexity; and I do not wish that the execution of the more immediately preaticable measures for the eradication of anchylostomiasis should be deferred pending the discussion of these questions.
 - II. I enclose a short memorandum in which the reports received from the several colonies concerned were summarized for the purpose of the committee. Should you desire to obtain further information in regard to any of

the measures referred to in this memorandum I shall be glad to supply you with a copy of any particular report.

- 12. I request that you will inform me in due course what additional measures for the prevention of anchylostomiasis you propose to take in pursuance of the recommendations made in this dispatch, and that you will include annually in the medical report some account of the progress of those measures.
- 13. A dispatch in identical terms is being addressed to the Governors of the West Indian Colonies, with the exception of those in which the disease is reported to be unknown.

I have, etc.

CREWE.

On May 26, 1910, the Governor of Ceylon appointed a committee to report on measures for the prevention of the spread of the disease. On the 24th of August, 1910, this committee submitted the following report:

Sir: In reply to your letter of May 26 last, appointing us a committee to consider and advise as to the measures to be taken to prevent the spread of ancylostomiasis in the Island, we have the honor to submit the following report.

- 2. The committee met in Kandy and in Colombo, and examined witnesses both medical and planting. We also received replies to a series of questions which we addressed to gentlemen who were likely to be able to give useful information to the committee on the subject. The evidence and the written answers to the questions which were asked are attached as appendices to this report.
- 3. The conclusions at which we have arrived on the evidence that has been brought before us are summarized in the following recommendations:

- (I) That all superintendents of estates should treat new arrivals with beta-napthol, followed by tonics; particulars of the course of treatment recommended by the Principal Civil Medical Officer according to the age of the laborer are annexed. The ground for this recommendation is that the percentage of coolies arriving in the Island who are suffering from this disease in a more or less marked degree is so high that the disease may be said to be practically universal. In the rare cases where it does not occur the treatment will not be injurious.
 - (2) Where it is known that ancylostomiasis already prevails on estates, superintendents should treat the whole labor force in convenient batches in a similar manner. We have ascertained that coolies do not object to the treatment, which can be carried out without greatly interfering with the labor force.
 - (3) When any case of anchylostomiasis occurs amongst laborers admitted to hospital, the medical officer should notify the employer. This is for the purpose of informing the superintendents who may previously have been in ignorance of the existence of the disease on their estates, in order to enable them to take action forthwith.
- (4) The drugs required for the treatment should be issued at cost price from the Civil Medical Stores. Where estates have dispensaries and are therefore allowed a small sum per cooly for medicines, we recommend that the drugs required for the beta-napthol treatment may be used for Singhalese as well as Tamil laborers up to the limit of the present capitation grant for free drugs for Tamil coolies. Under existing conditions employers have to certify that medicines have been used for their Tamil coolies only, and any drugs required for Singhalese laborers have to be paid for, even though the limit allowed for free medicines has

not been reached. It is highly desirable that facilities for treating Singhalese should be granted, as otherwise they may be the means of introducing the disease into . their villages, where it has hitherto been almost unknown.

- (5) Medical officers in charge of districts should report to the Principal Civil Medical Officer, through their immediate superiors, the prevalence of anchylostomiasis in a severe form on any estate. In such cases the Principal Civil Medical Officer should be empowered to send an officer of his Department to inspect, report, and make recommendations for combating the disease. If the Principal Civil Medical Officer approves these recommendations, they should be communicated to the superintendent with a view to their adoption. Where these recommendations have not been carried out at the end of three months, Government shall be empowered to enforce the Principal Civil Medical Officer's recommendations at the expense of the estate.
- (6) With regard to the question of the improvement of sanitation on estates, we recommend that every set of lines and its immediate surroundings should be cleaned and swept once every day. All sweepings should be burnt or buried. The evidence tended to show that more line sweepers should be employed. At least 12 feet clear of all vegetation must be maintained round the lines. Stone, brick rendered in cement, or cement concrete drains should be constructed to carry off rain from the roofs and from the immediate vicinity of the lines. The immediate vicinity of the lines should be on a lower level than the floor of the lines and slope downwards from them, with the object of keeping the ground surrounding the lines as dry as possible, as the hookworm flourishes in damp earth. All excreta deposited within 50 feet of the lines should be removed daily and buried by the sweeper.

- (7) At all bathing places, whether at spouts, wells, or riverside, there should be stone or paved platforms with a properly constructed run-off drain where necessary. This is with the object of preventing the reinfection of coolies through the feet when standing on damp earth. Wells for bathing and wells for drinking water should be kept separate.
- (8) To prevent the contamination of the water supply for drinking purposes, closed iron piping is strongly recommended. Open coffee spouting should be condemned. Wells should be lined with brick pointed with cement and have parapet walls, and a surrounding platform 4 feet wide of stone paving, cement concrete, or brick cement rendered, and a surrounding drain to conduct the waste water away. Wells for domestic and drinking purposes should be covered and provided with a pump.
- (9) Whilst recognizing the great importance of latrines on estates, we are forced to the conclusion from the evidence given that it is not at present advisable to recommend their general compulsory adoption, but we would urge on all employers of labor the desirability of establishing them especially for bungalow coolies, factory coolies, school children, and Public Works Department lines.
- (10) The attention of agents, visiting agents, and managers of estates should be invited to the recommendations of the committee, and they should be especially requested to do all in their power to give effect to them.
- (II) The question of the segregation of newlyarrived coolies has had our careful consideration, but we do not consider that it would be practicable. Great delay would be involved thereby, and the recommendation of the general treatment of all new coolies should, in our opinion, fully suffice.

4. The committee are confident that the adoption of the measures which have been recommended above will prevent the spread of the disease without disorganizing the labor force of the Island, and without involving much unnecessary cost to the employers of labor.

We have, etc.

H. L. Crawford.
W. H. Jackson.
Allan Perry, M. D.
Joseph C. Dunbar.
F. H. Layard.
Herbert K. Hillyer, Sec'y.

August 24, 1910.

Under date of June 7, 1911, Dr. Perry of this committee advise that: leaflets have been sent to employers of immigrant labor; special superintending medical officers are to be engaged to report on the sanitary condition of estates with particular reference to hookworm infection and disease. A legislative enactment has been drafted to be presented to the Legislative Council at an early date.

CHINA.

- I. Prevalence of the infection.—I. Swatow District. The Swatow District comprises the northeastern portion of Kuangtung Province. Population seven or eight millions. Occupation agricultural.
- (1) Distribution of infection.—Infection throughout the district; most severe among the farmers.
- (2) Degree of infection.—Dr. G. Duncan Whyte of the English Presbyterian Mission places the infection for the

whole population at 54 per cent; for the farming population at 74.5 per cent. Estimate made on basis of microscopic examination made at hospital.

- 2. Ngan-hoe Province.—(I) Distribution of infection. Wilbur T. Gracey, American Consul at Nanking, reports: "This infection is generally distributed throughout the rice farming and gardening areas of the Yangtze River valley, to the definite knowledge of American physicians resident here."
- (2) Degree of infection.—Mr. Gracey states that of 500 persons recently examined 24.6 per cent were infected; of this 500 only about one-half were farmers. For a group of 51 farmers recently examined the percentage of infection is 72.8; for another group of 40 farmers the infection is 76 per cent.
- 3. Chekiang and Kiangsu Provinces.—This report covers the whole of Chekiang Province and that part of Kiangsu Province south of the Yangtze River and east of 119 degrees east longitude.
- (1) Distribution of the infection.—Amos P. Wilder, American Consul at Shanghai, writes: "I have obtained the opinions of foreign doctors in many parts of this district and in every case the reply is definitely made that infection exists throughout the district."
- (2) Degree of infection.—There has not been enough investigation to give a basis for an approximate estimate of the degree of infection; some of the doctors on basis of general observation place it at from 5 per cent in the cities to 25 per cent among farmers. One doctor who has made many examinations of fæces reports about one out of every ten infected.

- 4. Sze-Chuen Province.—(1) Distribution of infection. Albert W. Pontius, American Consul at Choong-king, reports: "The existence of hookworm infection is universal throughout the Province, and is fairly evenly distributed."
- (2) Degree of infection.—Consul Pontius reports: "Out of 1,000 examinations in the M. E. Mission Hospital for Men, 445 had hookworm infection, while only 2 were infected among 25 women examined in the mission's women's hospital. The infection is nearly 100 per cent among the agricultural workers."
- 5. Hoo-Pe Province.—(I) Distribution of infection.—R. B. Mosher, American Consul at Hangkow, reports: "The parasite has been found by nearly all investigators who have systematically looked for it in many mission hospitals throughout Central China. Chiefly *Ancylostoma*, but *Necator* has also been identified."
- (2) Degree of infection.—Statistics not sufficient for more definite statement than that the infection is heavy.
- 6. China as a whole.—In 1907 the Medical Missionary Association of China organized a department for systematic research to be conducted for three years; during this period reports were sent in from practically all provinces; the results are summarized in "Diseases of China", by Jefferys and Maxwell, 1910. Of hookworm disease the authors say:
- 1. That we owe our knowledge of the disease in China to the Medical Missionary Association.
- 2. That it is one of the most serious factors of disease in the Empire.
- 3. That the infection is extremely wide-spread throughout the Southern two-thirds of China.

- 4. That, "excluding the four most northern provinces of Kansoo, Shense, Shanse, and Chili, from which reports are wanting or incomplete, we can confidently affirm that the other 14 provinces are widely infected, the rule being that the further South one travels the more severe the infection. It is also reported as fairly common from Korea, and is extremely frequent in Formosa, 44 per cent, in a series of 1,000 male patients."
- II. Conditions which favor the spread of the disease in China.—All reports show the infection to be most severe among agricultural workers. Dr. Beebe, an eminent medical authority of the Nanking district, attributes this condition to the fact that the Chinese farmers use human fæces for fertilizer; irrigate growing vegetables with pond water and fæces; and work in the wet soil with bare feet and legs, thus giving opportunity for the larvæ to enter through both the skin and the mouth.
- III. What is being done to alleviate or eradicate the disease.—From all these infected provinces the reports come with one voice:
- I. That all mission hospitals are examining and treating all cases that come under their care.
- 2. That nothing is being done by the Chinese Government or the Chinese to alleviate or eradicate the disease.

The reports call attention to certain difficulties in the way of giving aid on a large scale:

- I. "Private agencies would have but a poor opportunity of doing any effective work without the support of the authorities."
- 2. "No systematic attempts are being made to eradicate the disease; and owing to the universal employment of

liquid manure from night-soil by the agricultural and gardening population, it would appear to be a difficult problem."

COCHIN CHINA.

- 1. Distribution of infection.—Dr. F. Noc, military physician, Pasteur Institute of Saigon, conducted a series of investigations covering two years from 1906 to 1908, with a view to discovering the connection, if any, between the very prevalent disease of beriberi and hookworm infection. He reports* that of 77 cases of beriberi examined in 1906, 74 carried hookworm infection; that of 211 cases of beriberi, all have had hookworm infection; that in these investigations he demonstrated hookworm infection in 2,326 cases; that his investigations have demonstrated that there is an intimate relation between beriberi and hookworm disease, and that hookworm infection is extremely prevalent among the Asiatics of Cochin China. Both Ancylostoma duodenale and Necator americanus are present; Necator is the prevailing type.
- 2. Degree of infection.—It is not possible on the basis of data at present available to state the degree of infection in terms of percentages. The records of Dr. Noc would seem to show, and his report repeats with emphasis, that infection is *extremely prevalent* among the Asiatics of Cochin China.
- 3. Causes favoring the spread of infection.—In addition to the tropical temperature and a high degree of humidity, Dr. Noc states that the natives go barefooted and are extremely careless as to soil pollution.

^{*} Ann. de l'Inst. Pasteur, Paris, 1908, v. 22 (11), 896-916, 956.

4. Relief measures.—No report on this subject.

INDIA.

- I. Distribution of infection.—The entire area of India seems to be infected with hookworm. It is most prevalent in Bengal, Eastern Bengal and Assam. Infection is heavy among the Tamils of Southern India. Both the old and the new world species are present.
- 2. Degree of infection.—It is estimated that from 60 to 80 per cent of the inhabitants of India harbor the worm to a greater or less extent (C. P. Lukis, Surgeon General I. M. S.).

In 1903, Surgeon Major Edwin Dobson, at Dhubri, Assam, selected for examination 547 of the more healthy looking immigrant coolies from all parts of India. Of the 547 examined 454 were infected. His record of hundreds of examinations of prisoners, immigrants, patients in hospitals, laborers in various occupations shows the infection to range from 60 to 80 per cent and to be spread over all parts of India. (Indian Medical Gazette, 1892, 1893, 1900, 1904, 1906.)

The Government Medical Inspector for British Guiana reports that of the Indian immigrants to that country for the year 1909, 74.44 per cent were infected. A shipload of Indian coolies just arrived at Durban, Natal, in 1908, showed on examination an infection of 93 per cent. Dr. C. A. Bently reports finding in Assam only one cooly out of 600 who did not show infection. Dr. Dobson found 75 per cent infection among the newly arrived coolies at Dhubri.

- 3. India a center of infection.—From the Indian Peninsula a constant stream of infection is going into Assam, Ceylon, Southeast Africa, British Guiana, Dutch Guiana, Jamaica, and all countries that are importing cooly labor.
- 4. Conditions which have favored its spread in India.— High temperature, extreme moisture, shade; a dense population, the habit of polluting the soil universal and persistent, feet and limbs unprotected the year round.
- 5. What is being done to alleviate or eradicate the disease.—A considerable amount of work has been done by medical officers in India; the results of their investigations have been published in the Indian Medical Gazette and the British Medical Journal. In 1890 the Government had made a special report on Kala Azar and Beriberi in Assam and in 1897 a report on epidemic malarial fever in Assam, both of which involved the subject of hookworm disease. Under date of June 15, 1911, Surgeon General C. P. Lukis writes: "From these papers it will appear that from 60 to 80 per cent of the inhabitants of this country harbor the worm to a greater or less extent. * * * I have at present no information available as to the work being done by public or private agencies to eradicate the disease beyond the extension of sanitary measures for the prevention of fæcal contamination of the soil, the protection of the feet and the treatment with thymol, the eucalyptus oil mixture, or beta-naphthol, of such patients who may attend hospital." The American Vice Consul, C. B. Perry, writing under the same date, says: "Nothing is being done by Governmental agencies to alleviate or eradicate the disease except the usual sanitary measures for the prevention of fæcal contamination of the soil and hospital treatment of incapacitated

patients. * * * The conclusion that I have arrived at is that although widely prevalent in India, the disease is not considered of a dangerous nature and no special steps have been deemed necessary as yet to combat it."

JAPAN.

- I. Distribution of the infection.—Surgeon Fairfax Irwin, of the U. S. Public Health and Marine-Hospital Service`at Yokohama, reports that the infection is present to a greater or less extent in every prefecture of Japan; that the infection is present both in mines and on the surface; that it is most frequent among farmers. Special local reports definitely locate infection in the following prefectures:
- 1. Kyoto Fu.—The disease found in almost every part of the prefecture.
- 2. Shiga Ken.—Only a few isolated cases in remote parts of the prefecture.
- 3. Naru Ken.—Number of cases not very many, but disease is spreading.
 - 4. Kochi Ken.—770 cases reported for 1910.
- 5. Gifu Ken.—Infection in some parts of prefecture among agricultural workers.
- 6. Toyama.—Disease held in check by preventive measures.
- 7. Nagano Ken.—In 1909, there were 1,843 deaths from the disease; for 1910 the deaths number 1,893.
- 8. Ishikawa.—Badly infected; deaths in 1910 due to this cause 1,325.
- 9. Shidzuoka.—From 1907 to 1909, reported 8,419 sufferers from this disease.
 - 10. Akita.—Infection not heavy.
 - 11. Aomori.—Disease exists; under investigation.
 - 12. Ibaraki.—Few cases observed.

- 13. Niigata.—Infection light.
- 14. Tochigi.—Infection light.
- 15. Osaka-fu.—Isolated cases.
- 16. Hyogo Ken.—Cases among farmers and some in mines.
 - 17. Wakayama Ken.—1,130 cases reported for 1910.
 - 18. Hiroshima Ken.—Cases observed in all the counties.
- 19. Tottosi Ken.—Disease found in every part of the prefecture.
- 20. Shimane Ken.—Isolated cases in every part of the prefecture.
- 21. Okayama Ken.—Disease found in every part of the prefecture.
- 22. Yamaguchi Ken.—Disease present in every part of prefecture; cases reported for 1909, 482.
- 23. Kanagawa.—Disease believed to be limited to miners and agriculturists.

The following tabular statement from report for the prefecture of Yamaguchi is instructive:

Number of Cases of Hookworm by Occupation.

Occupation.	1907.		1908.		1909.	
Occupation,	Male.	Female.	Male.	Female.	Male.	Female.
Government or public						
service	. 11		22	2	23	
Scientific	35	8	47	24	37	32
Medical			I			
Agricultural	140	8r	201	103	155	95
Commercial	40	33	47	34	45	20
Manufactural	5	I	9	0	4	2
Fishing						I
Shipping	. 2	I			2	
Mining			I			
Laborers	. 6		5		4	
All others	. 19	32	21	48	15	48
	258	156	354	211	285	198

2. Degree of infection.—Lack of systematic investigation makes it impossible to approximate the degree of infection. From the prefecture of Tosa 770 cases are reported for 1910; Nara-ken reports an estimated infection of about 5 per cent of the population. The fact that infection is present in every prefecture would indicate a heavy infection in localities where conditions are most favorable. Rice growing in the absence of strict sanitary regulations would seem to supply conditions for a heavy infection. The following exhibit is a rough index to the prevalence of the disease:

Number of Cases of Hookworm by Cities and Counties.

City		1907.			1908.			1909.	
or									
county.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.
Oshima	2		` 2	2	I	3	2		2
Kuga	4	3	7	6	3	9	12	9	21
Kumage	. 1	I	2	2		2	2	2	4
Tauno	. 7	3	10	8	4	12	IO	6	16
Saba	. 11	6	17	16	8,	24	14	IO	24
Yoshiki	. 103	65	168	143	93	236	104	<i>7</i> 8	182
Asa	. 40	24	64	56	36	92	34	51	85
Toyo-ura .	. 9	6	15	13	6	19	9	7	16
Mine	. 29	13	42	39	25	64	32	20	52
Shimonosek	i 12	8	20	9	4	13	9	2'	II
	. —								
	218	129	347	294	179	474	228	185	415

3. Relief measures.—Dr. Irwin reports: "For the eradication of the disease some effort is being made. In Hyogo an attempt is being made to improve the general sanitary conditions by the construction of water closets and drains and improving the water supply. In some places lectures on the subject are being given." Some of the local reports state that persons found infected are being treated with

thymol. No comprehensive, systematic effort is being made.

JAVA.

- I. Distribution of infection.—Dr. J. J. Kunst, army physician at Ambarawa, Java, estimates that infection is very widespread throughout Java and the Archipelago.* Dr. A. J. Salm reports a series of investigations which demonstrate infection throughout Java and the Archipelago.† Javese immigrants on plantations in Dutch Guiana are found heavily infected.‡
- 2. Degree of infection.—The following investigations may serve as an index to the distribution and degree of infection:
 - (1) Dr. J. J. Kunst:
- a. At Ambarawa, middle Java, demonstrated infection in a nine-year-old boy, European, who had lived in the country only eight months.
- b. Examined, 140 natives from villages throughout Ambarawa district; infected, 20 per cent.
 - (2) Dr. A. J. Salm reports:
- a. Dr. Erni in 1896 found that 67 per cent of the native employees on a tobacco plantation at Deli were infected; of these 10 per cent to 15 per cent were severely anemic.
- b. Dr. Van Steeden at Sawah Loento in 1901 examined the convicts in the government mines to which are sent convicts from the whole Archipelago who are condemned to forced labor from five to twenty years. Of 52 examined

^{*} Janus. Haarlem, 1910, v. 15, pp. 221 fol.

[†] Gaz. hebd. d. sc. méd. de Bordeaux, 1904, v. 25, p. 164.

[‡] Dr. E A. Koch, correspondence.

- 51 were infected. He concluded that the whole Archipelago was heavily infected.
- c. Dr. Steiner at Soerabaia examined the prisoners who passed through that place on their return home. Examined, II; found infected, II. He found infected 24 convicts who had not worked in the mines.
- d. Dr. Van der Meer, physician who succeeded Dr. Van Steeden at Sawah Loento: Examined, 273 convicts who had arrived there as miners; found infected, 254.
- e. Dr. Benjamins at Samarang: Examined, all patients in his hospital, 100 in number; found infected, 70. Many of these were natives who had not worked in the mines.
- f. Dr. Klaasen found infected 50 natives of Java who had just arrived from Borneo. Of these 2 were extreme cases; one had 20 per cent hemoglobin; the other 12 per cent hemoglobin.
- 3. Relief measures.—Dr. Van der Meer recommends the following measures for the mine operators:
 - 1. Supply the mines with latrines.
 - 2. Do not eat during working hours.
- 3. Provide lavatories above ground and have all workers on leaving the mines clean themselves.
- 4. In newly opened mines work only persons who are not infected.

For the general population Dr. Salm recommends that all people drink only pure water; that they avoid especially water of open streams. He is convinced that drinking impure water is the main source of infection; this on the ground that the natives by established custom defecate in running water.

KOREA.

- I. Distribution of infection.—Dr. O. R. Anison, in charge of the Severance Hospital at Seoul, reports that the country is infected; that the full extent of the geographical distribution is not yet known; that his own judgment is that it is distributed throughout the whole country. Dr. Weir, of Chemulpo, reports finding infection in patients from all parts of the country.
- 2. Degree of infection.—Dr. Weir, who has examined the fæces of a large number of people sick and well with a view to discovering hookworm infection, says that 50 per cent of all cases examined were found infected with hookworm. Of all those infected, about 70 per cent were farmers.
- 3. Preventive measures.—The American Consul-General at Seoul, through whose efforts the above facts were secured, reports that no public measures have been adopted for the relief or prevention of the disease; that nothing has been done by private agencies save the treatment of cases that come to the doctors. The subject has been taken up by the Korean Medical Missionary Association.

MALAY STATES

- 1. Distribution of infection.—Infection is prevalent over entire area of Federated Malay States. It seems heaviest among the Tamil laborers on rubber estates; found also among Javanese and Chinese laborers. The Tamils from India constitute three-fourths of the laborers on estates. Both Necator americanus and Ancylostoma duodenale are found.
 - 2. Degree of infection.-Dr. W. L. Braddon, State

Surgeon at Seremban, reports: "I am able to affirm that it is to one single disease that almost all the mortality and sickness of the Tamil laborer is either directly or indirectly due. That disease is ancylostomiasis."* During 1908 he examined 2,000 sick Tamils in estate hospitals and reports: "There was no single one of these coolies who was not affected by ancylostomiasis." At several estates he found "that 60 per cent of the coolies at work were in an advanced state of hookworm disease, and that in all cases examined anemia from the same cause was in some degree present." These facts were presented to the Government as indicating the severity of the disease throughout Negri Sembilan. "There is no reason to suppose," continues the report, "that it is any less prevalent in the other states of the Federation."

- Dr. A. T. Stanton, bacteriologist, Institute for Medical Research, reports the following findings:†
- a. Estate Hospital in Negri Sembilan.—Examined, 152; percentage infected, 56.
- b. Rubber estate in Selangor, No. 1.—The place enjoys the reputation of being a "very healthy estate." Number examined, 158; all at work; percentage infected, 25.
- c. Rubber estate in Selangor, No. 2.—Considered unhealthy chiefly on account of malaria. Number examined, 64; percentage infected, 53.7.
- d. Rubber estate in Selangor, No. 3.—Recently opened up. Number examined, 114; all at work on day of examination; percentage infected, 31.
- Dr. E. Naggiar Graham, medical officer, Lower Perack, reports these findings:

^{*&}quot;The Prevalence of Ankylostomiasis in Ceylon," XV, 1910, p. 20.

[†] Ibid., pp. 21 and 22.

[‡] J. Trop. M., Lond., 1909, v. 12 (22), p. 333.

TELUK	ANSON	HOSPITAL.

	Number examined.	Percentage infected.
May, 1910	74	54
June, 1910	62	61
July, 1910	98	47
August, 1910	82	57
Estate: S. W	250	68.8
N. S		73

Dr. Graham estimates that more than 50 per cent of the entire population is infected; that the disease is of great economic importance to the rubber industry.

- 3. Conditions favoring spread of the disease.—In addition to favorable climatic conditions, Dr. Graham reports that drains are very numerous on the rubber estates; that the laborers defecate in these drains; that they use these drains for bathing purposes and frequently drink from them.
- 4. Relief measures.—The Government has sent a letter to managers of estates directing attention to the steps to be taken to prevent the spread of infection. Cases are treated in estate hospitals. Measures so far adopted seem altogether inadequate.

PHILIPPINE ISLANDS

I. Distribution of infection.—Systematic survey of the Islands has not been made; infection has been demonstrated at Manila, Taytay, Las Piñas, Cagayan Valley and other points in Luzon; on the islands of Samar and Cebu. Investigations thus far made indicate that infection is general over the Islands. Dr. C. L. Cole reports* that hookworm

^{*} Mil. Surg., Carlisle, Pa., 1907, v. 21, p. 298.

disease is one of the moost prevalent diseases found in the Islands; that examinations indicate a very widespread infection; that infection among the enlisted men in the army causes great loss of time.

- 2. **Degree of infection.**—Systematic investigation has been made at many different points with the following findings:
 - a. Manila, Bilibid Prison; Garrison, 1908. Examined, 4,106 adults; infected, 52 per cent.
 - b. Manila; Garrison and Llamas, 1909. Examined, 227 women; infected, 15 per cent. Examined, 158 children under 15 years; infected, 11 per cent.
 - c. Taytay, Luzon; Garrison, Leynes, and Llamas, 1910. Examined, 1,000; infected, 11.6 per cent.
 - d. Las Piñas, Luzon; Bureau of Health, 1909. Examined, 6,000; infected: males, 24.2 per cent; females, 8.06 per cent; average, 16.13 per cent.
 - e. Baguio (elevation 4,770 ft.); Bowman, 1910. Examined, 100 school children; infected, 32 per cent. By Board for the study of Tropical Disease, U. S. Army, 1910. Examined, adult Igarots; infected, 29 per cent.
 - f. Cagayan Valley, Luzon; Willets, 1911. Examined, 4,278; infected, 54.37 per cent. Adults examined, 1,350; infected, 74.89 per cent.
 - g. Gaudara Valley, Island of Samar; Nichols and Garrison, 1909. Examined, about 1,000; systematic records not kept, infection frequent.
 - h. Danao, Island of Cebu; Brewer, 1910. Examined, 51 children; infected, 18 to 35 per cent. Many cases heavy.
 - i. Government Hospital for the Insane, District of Columbia; Stiles and Garrison, 1906. Examined, 115 soldiers returned from Philippines; infected, 12.17 per cent.

Note 1.—With the exception of the examinations made by Stiles and Garrison, 1906, and possibly of examination by Willets, the above statistics are based upon the examination of only one slide. The use of three slides would materially increase these percentages.

- 2. Dr. Victor G. Heiser reports* that records of more than 1,000 stools of persons at large show about the same conditions among the general population.
- 3. Conditions favoring spread of the infection.—In provinces no sanitary precautions are taken; privies and vaults are unknown; the ground around each house has been contaminated ever since the house was built. Abundant vegetation around the houses furnishes most favorable conditions of shade and moisture. The barefooted householder and his family are constantly exposed to infection.†
- 4. Hookworm disease and the death rate.—Population of the Philippines at time of American occupation is estimated at about 6,500,000; estimated death rate at over 50 per 1,000. At Bilibid Prison, the death rate under lay management was 238 per 1,000. The prison was placed under the management of the Bureau of Health. The usual sanitary measures reduced the death rate to 70 per 1,000; here it stopped and resisted further efforts. All prisoners over 3,500 were examined for intestinal parasites; infected, 84 per cent; infected with hookworm disease, 52 per cent. After treatment, death rate fell to 13 per 1,000, where it has remained up to the time of the report of 1909, or more than a year.‡

^{*} J. Am. M. Ass., Chicago, 1909, v. 52 (2), p. 97.

[†] Dr. C. L. Cole, Mil. Surg., Carlisle, Pa., 1907, v. 21, p. 298.

[‡] Victor G. Heiser, J. Am. M. Ass., Chicago, 1909, v. 52 (2), p. 97.

5. Relief measures.—Many systematic investigations have been made to determine the prevalence of infection; cases that come to the regular hospitals are treated; general sanitary conditions are being improved. No adequate systematic measures have been adopted to relieve or eradicate the disease. The Bureau of Health is awaiting further investigations to determine conditions before organizing relief measures on a large scale.

SAMOA.

- 1. Discovery.—On November 2, 1909, Passed Assistant Surgeon P. S. Rossiter, U. S. N., discovered hookworm eggs in the stool of a Samoan; two days later he expelled thousands of hookworms which were identified as *Necator americanus*. The discovery was reported to the Governor on December 2, 1909.
- 2. Prevalence of the disease.—There are on the islands of Tutuila and Manua 42 coastal and 11 inland villages with a total population of 6,667. On the basis of investigations conducted by the special board appointed by the Governor and later investigations by Dr. Rossiter it is estimated that of this population about 70 per cent are infected. For the islands of Upalo and Savaii, German Samoa, the investigation indicates a heavier infection than for the islands of Tutuila and Manua.
- 3. Conditions in Samoa favoring spread of the infection.—"The soil is everywhere loose and sandy; the rain is heavy and the ground is always moist; the temperature ranges between 70 and 90 degrees F. throughout the year. The natives are extremely careless of the disposal of faces,

and in general defecate just beside, if not in, the roads or just outside the houses. A negligible percentage wear shoes, and the native costume; the lava lava, a single strip of cloth about 30 inches wide and 2 yards long, fastened about the waist, permits every part of the body to come in contact with the contaminated soil, for they sit, eat, and sleep on the ground or on mats."

- 4. What is being done for its eradication or relief.—On December 2, 1909, Dr. Rossiter reported to the Governor of Samoa the presence of hookworm infection on the island and recommended measures for its eradication. The Governor appointed a special board to make an investigation and report upon the subject. This board reported making the following recommendations:
- (1) The establishment of a board of health whose orders would have the effect of law.
- (2) The enactment of a law fixing adequate penalties for disregard of orders or regulations of the board of health.
- (3) That orders be issued requiring the people of the colony to immediately erect and use the best latrines their ability and resources can produce; that these latrines be at once put under proper inspection; and that, as necessity demands and means and material permit, these temporary structures be replaced with others of approved design.
- (4) That temporarily the hospital steward of the station ship perform the duties of sanitary inspector, and that the Bureau of Medicine and Surgery be requested to allow this station an additional hospital steward to be permanently assigned to this duty.
- (5) Estimates were made of the amounts of money required for assisting, where necessary, towns in the construc-

tion of latrines and paying for other work under the board of health.

(6) Recommendations were made of sources from which these funds could be secured.

The Governor approved these recommendations and appointed a board of health to consist of the Captain of the Yard, the Senior Medical Officer and the Secretary of Native Affairs. The sum of \$1,000 appropriated from the customs fund was made available January 1, 1910. The board was ordered to prepare for the consideration of the Governor health regulations following the recommendations of the special board together with suggestions looking toward the enforcement of these regulations. (Information supplied by Surgeon General, U. S. N. (See U. S. Naval Medical Bulletin, vol. 4, p. 476.)

Under recent date (1911) Dr. Rossiter advises that every inhabitant of American Samoa has been supplied with sanitary facilities.

STRAITS SETTLEMENTS.

- I. Distribution of infection.—Dr. Milton Figart, Vice Consul General at Singapore, reports the infection as covering the entire Settlements. Infection is mostly agricultural; but little mining is done. Both Necator americanus and Ancylostoma duodenale are present, Necator predominating.
- 2. Degree of infection.—Investigations in the Settlements have been less extensive and thorough than in the Federated Malay States; Mr. Figart reports the following results of post-mortems at Tan Took Seng and the general hospital:

- a. For 1908, number of post-mortems, 1,837; found infected, 13.3 per cent.
- b. For 1909, number of post-mortems, 1,542; found infected, 8.3 per cent.
- c. For 1910, number of post-mortems, 1,600; found infected, 10.6 per cent.

The general statement is made that infection in Straits Settlements is much less severe than in the Federated Malay States.

3. Preventive measures.—Estate managers are reported as taking some steps toward prevention in the form of better sewage disposal.

SUMATRA.

- I. Distribution of infection.—Dr. J. Salm, colonial physician at Moeara, Tambesi, reports* that hookworm infection is widespread over the Island of Sumatra; that it is found among the natives of the interior who have never left the region and are still living in the savage state; that conditions clearly show that the infection was not introduced by European occupation.
- 2. Degree of infection.—Dr. Salm made 89 examinations at Moeara Tambesi and found an infection of 42 per cent. Of the natives examined 95.5 per cent were infected.
 - 3. Relief measures.—No report on the subject.

^{*}Gaz. hebd. d. sc. méd. de Bordeaux, 1905, v. 26 (52), p. 615.

IV. AUSTRALIA.

AUSTRALIA.

- I. Distribution of infection.—Reports from all parts of Australia indicate that infection is confined mainly to Queensland. In Queensland infection has been demonstrated in nearly all the principal centers on or near the eastern coast. These range, according to the report of I. S. C. Elkington, Commissioner of Public Health for Queensland, from Cairns and Port Douglas in the north to the Tweed River, 1,000 miles to the south. The principal centers of infection appear to be Cairns, Geraldton, Ingham, and Nambour. The disease does not appear to extend far back from the coast.
- 2. Degree of infection.—It is not possible to estimate accurately the degree of infection from data now available. Dr. Elkington reports that medical inspection of school children has failed to reveal anything like the results reported from the southern States; that an examination of the mines of Queensland has failed to reveal any clinical symptoms. Dr. T. F. McDonald reports* the disease as flourishing among the people of Johnstone River district (between Townsville and Cairns); that in one school he found 90 per cent of the children infected; that there are 5,000 people in this district that infection is present in every square mile of it, and that it is "sucking the heart's blood of the whole community." He reports a prevalent craving for dirt eating and numerous cases of severe moral degeneration

^{*} J. Trop. M., Lond., 1908, v. 11, p. 25.

- 3. Source of infection and conditions favoring its spread.—Dr. McDonald attributes the introduction of the disease into Australia to three sources: the South Sea Islanders, Arabians, Italians. He describes his district as a jungle of scrub 60 miles square; frost unknown; rainfall 200 inches.
- 4. Relief measures.—Ankylostomiasis has been a reportable disease since 1900; leaflets on the subject are distributed among the people; local authorities are advised on application concerning measures for the eradication of the disease.

It is proposed for the coming year to establish at Townsville a local staff under the state department of health to conduct systematic investigation of conditions of the disease in north Queensland; the Institute of Tropical Medicine at Townsville will cooperate.

V. EUROPE.

AUSTRIA.

- 1. Infection in Austria.—From the end of 1903 until March, 1907, hookworm disease prevailed as an epidemic in the coal fields of northwestern Bohemia, known as the Falkman and Brüx districts. Of 108,149 miners in 519 mines 34 cases of hookworm infection were reported. As a result of decisive action by the government the number of cases decreased rapidly from August 1, 1904, until March, 1907, when the disease entirely disappeared. A few cases were reported among persons not engaged in mines, but these were imported. In all there were 76 cases and one death from the time the disease was introduced into Austria until the country was declared free of the infection.
- 2. Measures by which the infection was stamped out.— The Imperial Ministry of Agriculture issued and enforced the following instructions:
- (1) The mine must be kept clean and the floors of the galleries dry.
 - (2) Timbers of the mine must be whitewashed with lime.
- (3) Rigid requirement that the workmen use the toilet rooms.
 - (4) An adequate supply of closets must be provided.
- (5) Toilet rooms must be so constructed that there will be no leakage from the cesspool.
- (6) Closets must be kept clean and odorless by the use of disinfectants.
 - (7) Mud must be removed from the galleries.

- (8) Only drinking water known to be good must be used.
- (9) Places must be supplied for washing. Eating with unwashed hands is forbidden.
- (10) Anemic workmen must be kept under observation by the mine physician and their tools must be examined microscopically at intervals.
- (11) When workmen from infected districts are engaged their tools must be microscopically examined.
- (12) Workmen afflicted with hookworm disease must be treated by a physician and must not be allowed to return to work until completely recovered.

In 1904 additional regulations were issued by the Ministry of Agriculture, in conjunction with the Minister of the Interior, to prevent the reintroduction of the disease into Austria.

BELGIUM.

- 1. Distribution of the infection.—The infection exists chiefly among mine workers in the coal pits; it is found also among the brickmakers of the industrial parts of western and southern Belgium. The principal infection is in the districts of Liège, Mons, and Charleroi.
- 2. Degree of infection.—In 1904 the degree of infection among the workmen in the Mons district was 6.56 per cent; of the Charleroi district 14 per cent; of the Liège district 23 per cent. In 1910 the infection in the Liège district had been reduced to 5.3 per cent.
- 3. What is being done to eradicate the disease.—Belgium has the situation under control. The good results attained are attributed to the following measures:
- (1) Obligation for every miner working underground to produce previous to his engagement and before going into

the pit a certificate of recent date showing that he is not infected with hookworm disease.

- (2) Obligation for the employer to cause a second microscopic examination to be made of the workman's stool between the thirtieth and fortieth day after the first examination.
- (3) Obligation to have periodical examination of all underground workmen on certain dates.
 - (4) Obligatory shower baths.
- (5) The treatment of all persons found infected till cured.

BULGARIA.

Up to the present time (1911) no infection has been discovered in Bulgaria. The following measures have been approved by Dr. T. Pstrof, Inspector General of Public Health at Sophia, to prevent the importation of the disease into the country:

- 1. Mine operators are required as far as possible to permit none but native workers to enter the mines.
- 2. In case of admitting foreign workers, especially those who have worked in the mines of Austro-Hungary, a medical certificate from the country from which they came should be required certifying that the person is free from the disease.
- 3. Every foreign worker, preferably at the time of his admission, should be placed under observation with a microscopical examination of his fæces for two days. His clothes should be disinfected.
- 4. Twice a year submit all mine workers to medical examination and make microscopical examination of their stools for ancylostomiasis.

FRANCE.

- I. Distribution of the infection.—Hookworm infection in France is confined to the mining population, the miners in the vicinity of Lyons and St. Etienne, and in the departments of Nord and Pas de Calais. In the mining region of southern France infection has been demonstrated in the departments of La Loire, Saone-et-Loire, Puy-de-Dome, Allier, Aveyron, and Gard.
- 2. Degree of infection.—The degree of infection varies from mine to mine; many mines are quite free from infection; others in the same region show an infection rate as high as 61.1 per cent, 64.28 per cent, 73.89 per cent (1908). The average for 2,708 miners examined in the mines of Gard, Tarn, Aveyron, Allier, Puy-de-Dome, and Saone-et-Loire was 7.2 per cent. This included many mines that were not infected.
- 3. What is being done to eradicate the disease.—Attention was centered on the matter in 1902 by the serious prevalence of the disease in Westphalia and in the mining district of Liège, Belgium. From the latter place miners were coming into the coal pits of Nord. In 1903 a semi-official investigation and an official investigation in 1904 demonstrated the infection in the mines of Nord and Pas de Calais and pointed to Belgium as the source of infection. Later investigations were made in mining regions of southern-France. The Pasteur Institute at Lille, working under the auspices of the central committee of the coal mines of France, has carried on a vigorous attack from the first.

The following practical measures are being carried out:

- (1) Every miner before being employed is examined; if infected he is not accepted.
- (2) The sanitation of the mines by draining, ventilating, and supplying workmen with movable sanitary pails.
- (3) Sanitary surface privies in the neighborhood of the mines.

GERMANY.

- I. Distribution of the infection.—Infection exists in Rhineland, Westphalia, and the government district of Aachen (Aix-la-Chapelle). A few cases have been found among the brick workers in the vicinity of Cologne. It is confined to miners and brickmakers.
- 2. Degree of infection.—Investigations conducted in 1902 placed the infection in certain Westphalian mines at 19.5 per cent, 20 per cent, 34.14 per cent, 40 per cent, 50 per cent, 79 per cent. Since 1903 the degree of infection has been reduced 95 per cent.
- 3. Measures for the relief and eradication of the disease.—
- (1) Institutes have been established for the examination and treatment of workmen.
- (2) Every mine worker in infected mines is examined periodically.
- (3) Miners found infected are isolated and treated until cured.

These measures have reduced the infection 95 per cent since 1903.

ITALY.

I. Distribution of the infection.—Hookworm disease is distributed over the whole of Italy, Sicily, and Sardinia.

It is found chiefly among farm hands, clay workers, and miners.

2. Degree of infection.—Statistics for even an approximate estimate of the degree of infection are not available. The Director General of Public Health at Rome reports: "Ancylostomiasis in Italy is frequent in Sicily and in Sardinia; it is rare in other regions." It has been estimated that about 15 per cent of the miners in the district of Palermo take the disease, but the American Consul at Palermo says: "This percentage is rapidly decreasing on account of the energetic measures adopted by both public and private agencies to eradicate the disease."

The infection in Italy seems to be relatively light.

- 3. What is being done to eradicate the disease.—The government has adopted the following measures:
- (1) Free distribution to the working classes of a publication written in simple language and intelligible to the most modest intellects, giving practical advice as to the best methods of preventing and combating the disease.
- (2) Distribution of circulars to all the prefects of the Kingdom, giving special instructions for the hygiene of workers in the manufacture of bricks and articles from clay. These special instructions are:
 - a. Avoid pools of stagnant water.
 - b. Meals to be eaten outside of work yards and clay beds to prevent infection of food.
 - c. Laborers must wash hands before eating.
 - d. Drinking water to be kept in closed receptacles.
 - e. Prevent soil pollution by providing closets and enforcing their use.

- (3) For the protection of mine laborers all miners are required to be examined periodically and those infected are to be treated.
- (4) An active surveillance by the marine sanitary officer of all immigrants landing from Brazil.

THE NETHERLANDS.

- I. Distribution of infection.—Consul-General Listoe, at Rotterdam, reports that government investigation in 1904 revealed the presence of hookworm infection in the coal mines of Limburg, one of the southern provinces; that the infection has lately been demonstrated among the brickmakers of southern Limburg; that no infection has been found among agricultural workers.
 - 2. Degree of infection.—The Government investigation of 1904 showed for the Limburg coal miners an infection of 21.74 per cent. Among the brickmakers the infection is reported at 14.4 per cent.
 - 3. Relief measures.—For the coal mines the Government adopted stringent measures, excluding the infected from the mines. As a result of these measures the infection was reduced from 21.74 per cent in 1904 to 2.06 per cent in 1907. Regulations now in force provide for:
 - a. The sanitary disposal of all night soil in the mines.
 - b. The prevention of any carrier from entering the mines.
 - c. The free treatment and disinfection of the brick-makers. The worker is reimbursed for wages lost during treatment.

SPAIN.

- I. Distribution of the infection.—The Director of Interior Sanitation of Spain, at Madrid, reports: "The country is infected. This malady affects, almost exclusively, the mining districts and is limited to the south of Spain." Robert Frazer, Jr., American Consul at Valencia, reports surface inspection in the township of Tabernes de Valldigna. He says: "The area of the infection is about 10 miles square. It is a warm, frostless belt, subjected too intensive cultivation and irrigation, and is noted for the production of strawberries and other early fruits as well as oranges, rice, peanuts, and table grapes. Dr. Rafael Pastor has treated five cases of hoookworm during the past two years, all originating from the same small area referred to. Some of the patients were sent to him by local doctors, who had been treating them for acute anemia."
- 2. Degree of infection.—The Director of Interior Sanitation reports: "In general the intensity is not great at the present moment, except in the mining region of Linares, where there are mines in which the number infected reaches 80 per cent of the total number of workers."
 - 3. Relief measures.—On this point the report continues: "The public institutions have done nothing, nor have private agencies done anything so far as is known. Only Dr. Codina, of Castellani, has called the attention of the public authorities to the importation and gravity of this malady in Spain."

SWITZERLAND.

1. St. Gothard tunnel epidemic.—The well-known outbreak of hookworm disease among the workmen in the St.

Gothard tunnel (1879-1880) attracted public attention and caused the Swiss Government to institute an investigation. This investigation, conducted by Dr. Sonderregger, resulted in a system of sanitary regulations which freed Switzerland from the infection and has kept it free up to the present time (1911).

- 2. Sanitary measures.—These measures, which were rigidly enforced, provided:
- (1) That all new tunnel workmen be carefully examined, and that if infected they be isolated, treated, and not permitted to go to work until all traces of infection had disappeared.
- (2) That adequate sanitary closets be provided and that all workmen be required to use them.
- (3) That bathing facilities be provided, and that all workmen be required to keep themselves clean.
- Dr. Carrière, Acting Director of the Federal Department of Public Health, adds: "It is due to these precautions that during the building of the Simplon and Lötscheberg tunnels no case of ancylostomiasis was discovered."

WALES.

- I. Distribution of infection.—There is no evidence of infection in Great Britain outside the tin mines of Cornwall.
- 2. Control measures.—A special report on anemia in the Dolcoath mine was made in 1902. The following preventive measures have brought the infection under control:
 - ,(1) Use of the sanitary pail under ground.
 - (2) Treatment of all infected persons.
 - (3) Education of the miners in preventive measures.

Forty-six Foreign Countries in Which the Infection is Widespread.

	I. Africa:	Area (sq. mi.)	Population.
I.	Algeria	184,474	4,739,556
	British East Africa and Zanzibar	640	150,000
3.	Egypt	400,000	9,734,405
4.		40,000	474,000
5.	Lagos and Yuraba	28,910	1,500,000
6.		42,019	983,118
7-	Sierra Leone	4,000	<i>7</i> 6,655
	Tunis	51,000	1,900,000
	II. Americas, The:		
9.	Antigua	108	35,000
	Barbados	166	195,588
	Brazil	3,218,130	14,333,915
12.	British Guiana	104,000	278,328
13.	British Honduras	7,562	37,479
14.	Colombia	473,202	3,593,600
15.	Dominican Republic	18,755	417,000
16.	Dutch Guiana or Surinam	46,060	67,128`
17.	Ecuador	116,000	1,205,600
18.	French Guiana	30,500	32,908
	Guatemala	48,290	1,747,000
20.	Honduras	46,250	487,500
21.	Jamaica	4,193	743,000
22.	Martinique	381	164,000
23.	Mexico	767,005	13,570,545
24.	Nicaragua	49,200	380,000
_	Paraguay	157,000	432,000
	Panama	31,571	285,000
	Peru	463,747	2,660,881
	Porto Rico	3,606	953,243
_	Salvador	7,225	1,006,848
***	Trinidad	1,754	253,000
31.	Venezuela	593,943	2,323,527

III. Asia:	Area (sq. mi.)	Population.
32. Ceylon	25,333	3,578,333
33. China		426,047,325
34. Cochin China	23,160	2,400,000
35. India	1,766,642	294,361,056
36. Japan	161,198	46,453,249
37. Java	50,554	26,125,000
38. Korea	82,000	10,528,937
39. Malay States	26,500	676,000
40. Philippine Islands	114,326	7,000,000
41. Samoa	181	55,000
42. Straits Settlements	11,543	572,000
43. Sumatra	162,310	3,472,000
44. Turkish Province of Bagdad	54,503	850,000
IV. Australia:		
45. Queensland	668,497	503,266
V. Europe:		
46. Italy	110,550	32,475,253
Total	14,464,158	919,858,243

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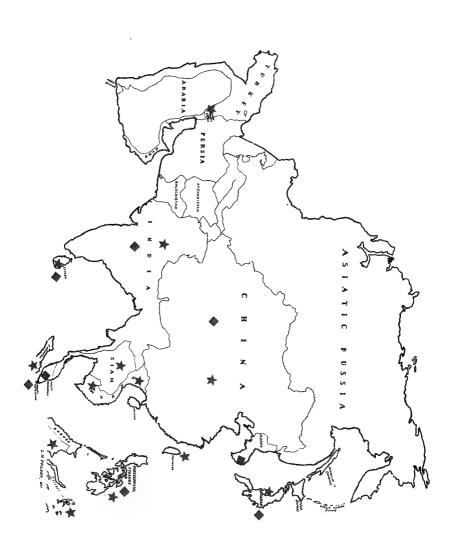
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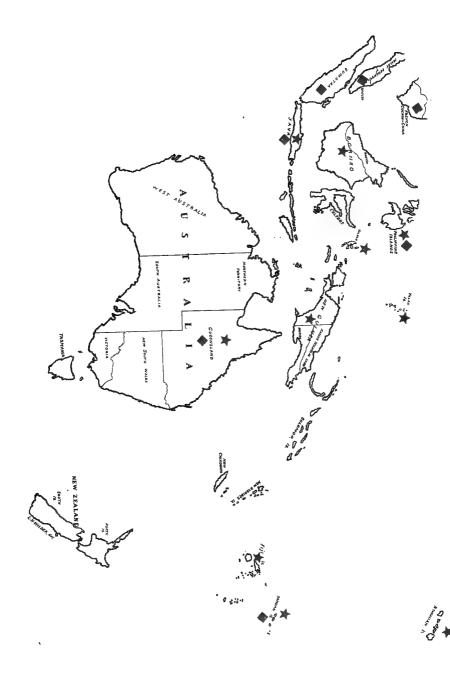
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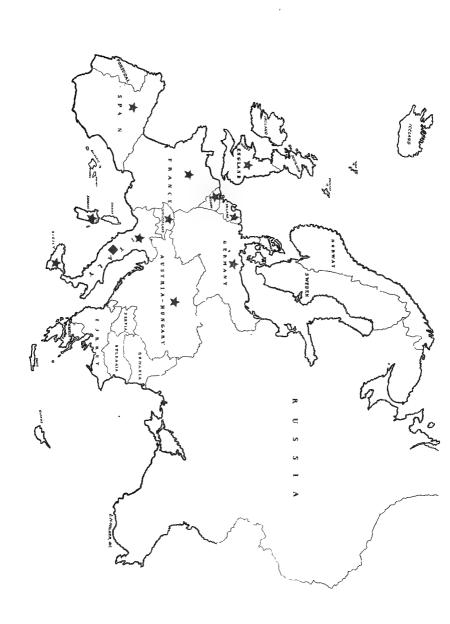
KEY TO MAPS 1 TO 6

- ★ Presence of infection reported in the published literature on the subject.
 - Reports received by the Rockefeller Sanitary Commission show widespread surface infection.













THE ROCKEFELLER SANITARY COMMISSION

FOR THE

ERADICATION OF HOOKWORM DISEASE

THIRD ANNUAL REPORT

OFFICES OF THE COMMISSION WASHINGTON, D. C., U. S. A. 1912

9813 A7

THE ROCKEFELLER SANITARY COMMISSION

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Treasurer

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EXPLANATORY NOTES.

- I. The term "number of persons treated" as used in this report signifies the number of persons to whom treatment has been dispensed. Some persons to whom treatment has been dispensed carry the medicine home but do not take it. It is clearly impossible to correct this error in the record. We are confident, however, that the number of persons who have thus failed to take the treatment is more than offset by the very large number of persons who get treated by physicians and otherwise and of whom no report is received and no record is made. The number of persons treated as a direct result of the work is much greater than the number here recorded.
- 2. The number of persons reported as treated by physicians is based on reports of physicians to the State Directors. In many cases the physicians have not kept an accurate record and report the number of persons treated for the given period as "about" so many. If in any cases this estimate by physicians is an over estimate, the error is offset many times over by the large number of cases treated by physicians who do not report at all.
- 3. It will be observed that the number of persons microscopically examined in making the infection survey does not equal the total number of microscopic examinations made in a State. All microscopic examinations save those of rural children from 6 to 18 years of age are excluded from the reports of the infection survey.

- 4. It should be observed that the percentage of infection reported as result of the infection survey is not given as the percentage of infection for the population of the county. The degree of infection among rural children from 6 to 18 years of age is, as a rule, much greater than the average infection for the whole population. The purpose of this note is to guard against attempts to generalize too broadly on the basis of these figures.
- 5. In interpretating the tables giving numbers of persons treated by quarters for the year 1912, it should be observed that in many of the states the number of persons treated by physicians during the whole year is reported at the end of the fourth quarter.
- 6. Persons who may desire to see how the work was organized and how the various activities were defined and conducted in the early stages of the work are referred to the First Annual Report by the Administrative Secretary. An account of the dispensary and how its work is conducted may be found in the Second Annual Report. Each state has its own system of records; they are uniform only in the facts recorded. Any person interested may, by writing the State Director in any one of the states, get a complete set of record forms.

PERSONNEL.

Alabama.—State Health Officer: W. H. Sanders. State Director: W. W. Dinsmore. Stenographer: John D. Bibb. Laboratory Force: P. B. Moss, A. Trumper, William Henderson. Field Force: J. Frazer Orr, W. W. Perdue, E. V. Caldwell, C. A. Grote.

Arkansas. Secretary State Board of Health: Morgan Smith. State Director: C. W. Garrison. Stenographer: Lillie Hill. Field Force: T. B. Bradford, T. M. Fly, E. A. Campbell.

Georgia. Secretary and Director of Laboratories: H. F. Harris. State Director: A. G. Fort. Stenographer: Edna Whaley,* C. P. Read,* Elanor Srauss,* Mrs. Hampton. Laboratory Force: C. E. Pattillo, C. H. Dobbs.* Field Force: T. F. Abercrombie, A. W. Wood, C. R. Henry, C. H. Dobbs, S. H. Jacobs.*

Kentucky. Secretary State Board of Health: J. N. McCormack. State Director: A. T. McCormack. Stenographer: Miss C. W. Howell. Laboratory Force: Dr. L. H. South,** Laurine Sigmier, Virginia James, Margaret Forsting, Julia Fenwick, Patricia Fenwick, Alice Hayden, Annie May Frost, Mary Frances Shea, Mrs. Julia Cope, Mrs. M. W. Steele, Mr. Buford Robinson. Field Force: W. W. Richmond, I. A. Shirley, J. S. Lock, M. W. Steele.

Louisiana. President State Board of Health: Oscar Dowling. State Director: S. D. Porter. Stenographer: Miss E. C. Regan. Laboratory Force: W. H. Seeman, J. M. Bodenheimer. Field Force: G. B. Adams, J. D. Baucum, G. C. McKinney, T. E. Wright.

Mississippi. Secretary State Board of Health: W. W. Smithson. State Director: W. S. Leathers. Stenographer: Fannie May Hargis. Laboratory Force: George Hampton, F. A. Williams, S. R. Humphries, Mrs. Henry Boswell. Field Force: R. N. Whitfield, H. H. Howard, D. D. Gill, (substitute for Dr. Boswell), Henry Boswell, C. C. Buchanan, R. D. Dedwylder.

North Carolina. Secretary State Board of Health: W. S. Rankin. State Director: J. A. Ferrell. Stenographer: Inez Reynolds. Laboratory Force: W. C. Riddick, Kolbe Curtice, W. C. Jenkins, E. B. Davis, W. S. Tuttle, H. R. Ray, Charles Stephenson, Mrs. C. L. Pridgen. Field Force: C. F. Strosnider, C. L. Pridgen, P. W. Covington, T. E. Hughes, G. F. Leonard, W. P. Jacocks.

South Carolina. Secretary and State Health Officer: J. A. Hayne. State Director: J. LaBruce Ward. Stenographer: Miss S. D. Pickney. Laboratory Force: J. R. Cain, A. S. Williams. Field Force: F. M. Routh, J. T. Howell, F. D. Rogers, J. A. Riser.

Tennessee. Secretary State Board of Health: R. Q. Lillard. State Director: Olin West. Laboratory Force: Herman Spitz. Field Force: W. J. Breeding, T. B. Yancey, Jr., J. B. Lansden, J. M. Lee, J. E. Lacey,* W. P. Robinson.

Texas. President State Board of Health: Ralph Steiner. State Director: M. H. Boerner. Stenographer: Grace E. Brown. Laboratory Force: W. E. Huddleston, E. K. Cochran, Merit Reagan. Field Force: Hubert Ferrell, O. H. Judkins, C. H. Brownlee.

Virginia. State Commissioner of Health: E. G. Williams. State Director: A. W. Freeman. Stenographer: Inez V. Goddin. Laboratory Force: J. O. Fitzgerald, C. B. Brown*, F. W. Poindexter,* E. G. Gata,* Miss Mildred Martin*, W. R. Hursey,* A. J. Chenery. Field Force: A. C. Fisher, W. A. Brumfield, W. A. Plecker,* H. G. Tarter,* K. E. Miller.

^{*}Resigned.

^{**}State Bacteriologist.

CHAPTER I.

GENERAL SUMMARY WITH NOTES BY THE ADMINISTRATIVE SECRETARY.

1. The total number on record of persons treated for hookworm disease in eleven States for the year 1912 is 238,755. This means the treatment of more than 762 persons a day for every working day in the year.

	Persons
State.	Treated.
Alabama	11,148
Arkansas	3,029
Georgia	17,211
Kentucky	23,028
Louisiana	22,885
Mississippi	44,178
North Carolina	57,991
South Carolina	36,110
Tennessee	5,103
Texas	7,472
Virginia	10,600
Total	238,755

- 2. For this service the Commission has expended this year \$184,671.60. This means that for every \$0.77 expended by the Commission a human being has been benefited in health and helped to a better scale of living.
- 3. In getting persons treated, the work shows increase from quarter to quarter throughout the year. The total number of persons treated by quarters is:

For	quarter	ended	March 31, 1912	22,724
For	quarter	ended	June 30, 1912	42,956
For	quarter	ended	September 30, 1912.	64,183
For	quarter	ended	December 31, 1912.	108,892
	Total.			238.755

4. The total number of persons treated for hookworm disease in eleven States for the three years is 393,556. This means the treatment of more than 359 persons a day for every day since the work began.

State.	No. Persons Treated.
Alabama	34,507
Arkansas	8,146
Georgia	26,811
Kentucky	23,028
Louisiana	32,314
Mississippi	80,101
North Carolina	111,872
South Carolina	41,795
Tennessee	8,042
Texas	7,472
Virginia	19,468
Total	393,556
In cotting persons treated the work of t	ho procent

5. In getting persons treated the work of the present year shows increase over the records of the two preceding years:

6. Expenditure per person treated for the three-year period.—For each person treated the Commission expended:

For	the year	1910	\$4.66
For	the year	1911	1.05
For	the year	1912	.77
	Average	for three-year period	1.02

7. Microscopic examinations.—Positive diagnosis of hookworm disease is mainly by microscopic demonstration of the eggs of the parasite in the stool of the infected person. The total number of such examinations made by the laboratory and field force in eleven States up to December 31, 1912, is 432,464:

State.	No. Microscopic Examinations.
Alabama	7,612
Arkansas	8,798
Georgia	30,400
Kentucky	45,889
Louisiana	14,931
Mississippi	55,732
North Carolina	181,144
South Carolina	17,009
Tennessee	24,459
Texas	10,758
Virginia	35,732
Total	432,464

- 8. Increase of microscopic work.—In no feature of the work has growth been more rapid or more significant than in the number of microscopic examinations made:
- (a) The year 1912 shows a steady increase in number of microscopic examinations throughout the year:

Microscopic examinations for first six months... 110,682 Microscopic examinations for second six months. 216,269

Total.....326,951

(b) The year 1912 shows a marked increase over the records of the two previous years:

Total number microscopic examinations 1910	14,789
Total number microscopic examinations 1911	90,724
Total number microscopic examinations 1912	326,951
Total for three years	432,464

- 9. Cause of increase in microscopic work.—This increase in microscopic work is due to three marked tendencies in the service:
- (a) The tendency on the part of State and field directors to require microscopic examination as a basis for treatment. In the beginning treatment was given largely on the basis of clinical diagnosis. Experience has shown that in numerous cases the microscope reveals infection where by clinical diagnosis it would not be suspected; and that, on the other hand, there are anemias with accompanying symptoms where hookworm infection is not present. When the microscope shows the eggs there can be no doubt.

It has been demonstrated that in some cases even of heavy infection the microscope fails to reveal the eggs. As to procedure in such cases there is a difference of opinion and practice. The tendency is to make microscopic diagnosis the basis of treatment; in cases of extreme clinical symptoms when the eggs cannot be found, to follow one's best judgment based on all the evidence present.

(b) Another factor contributing to the large increase in number of microscopic examinations is the improvement of methods and increase of efficiency in making these examinations. At the beginning of the work the examination of 25 to 35 specimens was regarded as a full day's work. During the present year many of the microscopists without the centrifuge have examined an hundred or more specimens a day;

one microscopist examining centrifuged specimens made a record of 282 examinations in one day.

- (c) The third and most significant factor contributing to this increase in microscopic work is the growing tendency on the part of all classes of people to seek examination regardless of symptoms. In the beginning of the work it was difficult to get people to submit specimens. They were squeamish about it; or only those who were ill, it was thought, needed to be examined. It is coming to be more and more generally recognized that all persons living in or near infected territory are subject to infection; that the infected person, whether he is ill or not, is a danger to himself, to his family, and to the community; that, therefore, every person living in or near infected territory, regardless of symptoms, should be examined. At the last dispensary that I visited I saw all classes of people coming or sending for containers; collections of specimens were sent in for whole families, and even for whole schools. During the five weeks of the dispensary in that county 29.2 per cent of the entire population were examined.
- To. Preliminary infection survey.—Infection has been demonstrated in 83 counties of Texas; of the 884 counties in the other ten States, infection has been found in 796. No special effort is being made to push the preliminary survey further; it is taken for granted that as the remaining 88 counties are reached in the regular course of the work, infection in some degree will be found in all of them.
- II. Definite survey to determine degree of infection.— This survey is based on a microscopic examination of at least 200 children between the ages of 6 and 18, taken at random—that is, without reference to clinical symptoms—from rural

districts distributed over the county. This survey has been completed for 230 counties in eleven States. The total number of children examined for the survey in the 230 counties is 158,555, or an average of 689 per county.

In number of counties surveyed and in number of children examined per county, the work of the present year shows a marked advance over that of last year:

87

(a) Number of counties surveyed 1011

(a) Trumber of countries surveyed, 1911	0/
Number of counties surveyed, 1912	143
Total	230
(b) Average number children examined per county, 1911	428
Average number children examined per county, 1912	818
	_

- The degree of infection among country school children.— The degree of infection varies from county to county and from community to community within a county. The records show a percentage of infection by counties ranging from 2.5 to 94. Of the 158,555 rural children microscopically examined in 230 counties in 11 States, 78.572, or 50.9 per cent., were found infected.
- 13. Sanitary survey.—This survey is an inspection of privy conditions at country homes to determine their degree of efficiency in preventing soil pollution. Its methods are described in our second annual report. The survey has been completed in 308 counties. In number of counties surveyed and in number of homes inspected the present year shows increase over the record of last year:

BY THE ADMINISTRATIVE SECRETARY.	15
(a) Number of counties surveyed, 1911	125
Number of counties surveyed, 1912	183
Total	308
(b) Number of homes inspected, 1911	43,448
Number of homes inspected, 1912	59,898
Total	103,346
14. Degree of soil pollution at farm homes.—For	the 308
counties surveyed, the records show a sanitary inde	ex* for
counties ranging from 0 to 19.2 on a scale of a possi	ble 100.
A total of 103,346 farm homes taken at random	in 308
counties scattered over eleven states have been inspec	eted; of
these 50,637 have no privy. For the 103,346 homes the	ne sani-
tary index, estimated as for a county, is 5.7%.	
No. privies type A at100% 151 15,	001
No. privies type B at 75% 225 16,8	³ 75
No. privies type C at 50% 106 5,	300
No. prives type D at 25% 2,071 51,	775
No. privies type E at 10% 50,156 501,	560
No. privies type F at 0% 50,637	0
Total number homes examined 103,346 590,	 510
Sanitary index	. 5.7%

15. The county dispensary.—†The county dispensary has become the key to the work; with experience its organization has become more definite and its methods of work more effective. Increase of efficiency is exhibited in every item of the dispensary record:

^{*}See Second Annual Report, p. 25. †For detailed account of the county dispensary and its method of operation see Second Annual Report, pp. 18-22.

(a) Number of counties making appropriations	
for dispensaries, 1911	7 6
for dispensaries, 1912	157
Total for two years	233
(b) Total amount appropriated by counties,	
operating 1911	510,799.60
Total amount appropriated by counties,	
operating 1912	25,743.46
Total for two years\$	36,543.06
(c) Number counties in which dispensaries	
were conducted, 1911	66
Number counties in which dispensaries	
were conducted, 1912	171
Total for two years	237
(d) Number microscopic examinations made at	
dispensaries, 1911	54,367
Number microscopic examinations made at	
dispensaries, 1912	272,898
Total for two years	327,265
(c) Number dispensary weeks, 1911	349
Number dispensary weeks, 1912	9631/2
Total for two years	1,3121/2
(f) Number persons treated at dispensaries,	
1911	74,005
Number persons treated at dispensaries,	
1912	149,899
Total for two years	223,904

- 16. **Dispensary exhibit.**—The county dispensary is an educational agency. While examining and treating the people it is teaching them by demonstration. Its teaching power has been greatly increased this year by the improvement of the dispensary exhibit. This exhibit includes a series of charts; a series of photographs; a few striking posters; specimens of grown hookworms; specimens of other intestinal parasites; a bit of intestine with hookworms attached to the lining; hookworm eggs under the microscope; live hookworm embryo under the microscope; cases that have been treated. Some local person, preferably a local physician, is enlisted to take charge of the exhibit and keep it working continuously throughout the day.
- 17. Co-operation of physicians.—The physicians have given more effective co-operation this year than ever before. In addition to their work in treating patients for hookworm disease they have aided in securing county appropriations for the dispensaries; they have prepared for the coming of the dispensary, in many cases supplying the room and equipment for its work. When the dispensaries have opened in their communities they have urged their people to attend; they have collected specimens, brought them into the dispensary for examination, and supervised the treatment of their people; they have aided at the microscope; have given lectures at the dispensaries and at schools; have taken charge of the dispensary exhibit and kept it working throughout the day. In the last three counties visited in two states I found every physician actively co-operating in the work of the dispensary. At one dispensary point I met ten local physicians who were active all day getting their people in and getting them examined; one of these physicians brought in 40 specimens at

one time. In one state, physicians in six counties are reported as giving to the dispensary work 492 days of their time and labor without compensation. In some of the States a very large percentage of the physicians are reporting their experience with the disease, although such report must be purely voluntary and a labor of love. In many cases they have written full accounts of interesting cases and have given hearty endorsement of the work in letters for publication. The physicians who are thus active in the work are in it to stay:

- (a) Physicians reported treating the disease, 1911... 4,126
 Physicians reported treating the disease, 1912... 6,857
- 18. Co-operation of other agencies.—In no respect has the work shown more encouraging growth this year than in the co-operation of many agencies whose work cannot be tabulated. The press, the ministers, the county boards of health and county health officers, county boards of supervisors, state departments of education, county school superintendents and public school teachers—all these have given indispensable aid in the conduct of the work. Without this aid the results exhibited in this report could not have been accomplished. Many of these agencies have been helpful from the beginning, but during the year just ended their co-operation has been more active, more definite, and therefore much more effective. Something of the spirit and value of the service which they have rendered is exhibited in the "Notes on the work of the year" in the reports by states.

- 19. Co-operation of the people.—After all has been said the co-operation that has counted for most is the co-operation of the common man. The real purpose of the dispensary is to carry the gospel of sanitation into the homes of the people and make it a living force in their daily lives. The most effective teacher in any community is the neighbor who has been He takes his own specimen to the dispensary; through the microscope he sees the eggs in his own stool; as a part of the dispensary exhibit he sees the squirming embryo of the parasite that has destroyed his own vitality; he takes the treatment; he feels the pulse of a new life; he brings his family and his neighbors to the next dispensary; he brings specimens from those who are bed-ridden; he carries the news of cures; he sends infected persons to their family physicians; he influences public officials; he creates a community sentiment which expresses itself in better laws and larger appropriations and becomes the basis of permanent sanitary reform.
- 20. Improvement in sanitation.—To put a stop to soil pollution is at once the most difficult and the most important result to be accomplished in this work. The building of sanitary privies has not kept pace with getting the people treated; such rapid change in ingrained habit has not been expected. But that gratifying progress in sanitation is being made is exhibited in the "Notes on work of the year" in the reports by states. Worthy of special note are the co-operation of state and county school officials with the public health agencies in having sanitary privies built at the schools; the systematic and aggressive activity of the Virginia, Louisiana and Mississippi State Departments of Health in the interest of general sanitation. The results of definite instruction in

sanitation are strikingly exhibited in the following facts recently given me by W. L. Moss, Vice-President and General Manager of the Continental Coal Corporation, Pineville, Kentucky:

Conditions in the camps.—In June, 1911, there were in the company's camps about 150 cases of typhoid; cases of bowel complaint were numerous; hookworm infection ran about 65 per cent; soil pollution was practically universal; the wells and springs were contaminated; flies had free range.

What was done.—Dr. McCormack, Dr. Lock and Dr. Hendren, the camp physician, urged reform. Mr. Moss secured from his board of directors an appropriation of \$25,000 for sanitary improvement; all open wells and springs were filled up; deep wells from 80 to 90 feet deep were bored, protected, supplied with pumps; 400 new sanitary closets were built and hundreds of old closets were made over.

Results.—During the summer of 1912 and up to the time of my visit (October, 1912) there had not been a case of typhoid in the camps; cases of diarrhoea were reduced to about half; the cases of hookworm disease have been treated. From June, 1910, to June, 1911, the force of about 1800 men on the company's pay-roll put on the cars about 600,000 tons of coal; from June, 1911, to June, 1912, the same force put on the cars a fraction over 800,000 tons of coal. Mr. Moss stated with emphasis that merely as an economic proposition this \$25,000 is the best investment the company has made.

TABLE I.-Infection Survey, 1912.

State.	Χc		No. children examined,		
Alabama Arkansas Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Texas		. 9 . 14 . 10 10 26 33 6	3,549 4,139 6,375 23,501 8 236 20,640 38,381 2,796 3,146 4,225	2,030 2,155 5 098 7,021 4,027 15 368 18,745 1,310 1,286 2,792	57.2 52. 79.9 32.4 48.8 74.4 48.8 46.8 40.8
Virginia Totals			6,300	2,814 62,646	44.7

TABLE 2.—Sanitary Survey, 1912.

State.	counties	Number of rural homes inspected.
Alabama	. 17	3,717
Arkansas	. 10	4,735
Georgia	. 10	3,801
Kentucky	. 9	3,986
Louisiana		8,000
Mississippi	. 28	11,124
North Carolina	. 20	6,555
South Carolina	. 18	4 639
Tennessee		2,104
Texas	. 4	1,222
Virginia	. 4 . 48	10,015
Totals	. 183	59,898

Table 3.—Dispensary Summary, 1912.

Ü		No.	of perso	ns and tir	No. of persons and times treated	1.		Total No.	Total No.
State.	one	two	three	four	five	six		persons treated.	treatm'ts.
Alabama	5.723	1,817	546	26	9			5,723	8,168
Arkansas	2,208	809	473	15		:	:	2,208	3,505
Georgia	9,456	1,664	707	33	^	:	211	9,456	11,633
Kentucky	6,353	82	:		:	:	:	6,353	6,435
Louisiana	11,020	6,013	2,010	134	6	:	:	11,020	19,186
Mississippi,	33,977	28.391	23,099	951	132	51	П	33,977	86,727
North Carolina	42,132	29.633	21,581	2,261	465	73	28	42.132	96,173
South Carolina	25,270	8,777	6,124	2,153	III	9	:	25.270	42.441
Tennessee	3,842	1,972	159	50	13	^1	:	3.842	6,530
Texas	4.262	1,053	163	П	• :	:	:	4.262	5,479
Virginia	5 656	5,306	4,172	23	:			5 656	15,156
Totals	149 839	85,517	59,081	2,696	743	132	240	149.899	301,433

TABLE 4.—Dispensary Summary, 1912—Continued.

1 A	BLE 4.—	-Дизрен.	sury 3	umma	у, 1912		шеа.	
State	e. 		COI	o. of unties ating.	Dura ol camp		Total appropriated by counties operating.	
Alabama Arkansas Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Texas Virginia			14 4 17 6 12 28 39 20 19 4	72 13 108 31 56 178 227 145 ¹ / ₂ 73 24 36	weeks	2, I, I, 4, 9, I,	475 200 950 700 463 175.56 579.90 025 375 200	
Totals		17	171 963½ week		weeks	25,743.46		
TABLE 5.—E				g the F	Physicia	ns.		
State.	Number of physicians in state.	Number of physicians personally instructed,	Number of lectures to physicians.	Number of physicians reached.	No. of letters and circulars sent to physicians.	Number of bulletins sent to physicians.	Physicians now treating the disease.	Cases reported treated by physicians.
Alabama Arkansas Georgia Kentucky Louisiana Mississippi N. Carolina S. Carolina Tennessee Texas Virginia	2,418 3,600 3,022 3,708 2,033 1,783 1,720 1,113 3,449 5,789 2,357	396 794 477 2,358 377 905 1,145 411 940 490 365	18 68 7 66 3 16 10 10 22 3 18	234 3,600 603 1,854 100 643 168 1,200 984 30 560	5 369 8,028 5,739 16 405 11,863 8 794 8,622 3,200 8,784 6,422 6,300	8,750 4,500 6,732 79,130 660 16,456 500 1,051 2,500 8 900	405 608 974 1,125 161 660 1,327 624 279 519	4,749 821 6,887 15,750 5,342 10,201 15,859 10.840 584 3 210 1,627
Totals	30,992	8 658	241	9,976	89,526	129,179	6,857	75 870

Table 6.—Putting a Stop to Soil Pollution—Educating the People.

,		LIVER.	2 50	, 1·1	K*# 4 K		** .			. (71	LU			,
Through public lectures.	Estimated number of	reached by these 1ec- tures.	12,375	49,883	29,022	80,122	33,999	90,795	36,849	5.400	20,264	13,308	46,850	418,867
Through pu	Number of	lectures given.	105	190	307	480	407	1,034	454	06	811	138	410	3.734
		At institutes.	1,396	6 475	1,165	4,250	1,360	226		600	2,562	57	2,150	20,992
ools.	ed.	By bulletin or leaflet	1,600	10.175		1,064	4,000	10,166	:	1,000	1,167	230	000'6	38,402
Through the schools.	Teachers reached.	By letter.	389	285	+23	6,750	1,200	1,273	:	500	1,357	230	950	13 357
Thre	T	By visit.	999	650	17	1,635	894	731	197	50	871	86	41.0	6218
		Number of teachers in state	9,220	10,175	8,714	9,487	6,403	10,166	8,422	4.255	9,233	21,277	000'6	106,352
	· State.		Alabama	Arkansas	Georgia	Kentucky	Louisiana	Mississippi	North Carolina	South Carolina	Tennessee	Texas	Virginia	Totals

Table 7.-Putting a Stop to Soil Pollution-Educating the People-Continued.

,	Through bulletins.		Through the press.	the press.	
State.	Number of bulletins and leaflets distributed.	Papers in state.	Number per- sonally visited.	Letters to press.	Articles fur- nished for publication.
Alabama	74,354	235	63	41	136
Arkansas	48,102	290	75	25	212
Georgia	143 258	311	52	:	55
Kentucky	179,130	289	70	1.650	75
Louisiana	62 265	861	09	573	51
Mississippi	224,997	234	172	1,305	1,055
North Carolina	315,070	255	175	2,300	319
South Carolina	100,100	156	81	50	77
Tennessee	59,797	252	29	99	IOI
Texas	38956	933	27	125	139
Virginia	165,000	211	50	25	216
Totals	1.411,029	3,354	897	6,160	2,436

Table 8.—Examinations and Treatments.

	, ,				F	
*	H	Examinations.	s.		Persons treated	ted.
State.	Clin.	Micro.	Total.	By physicians.	By staff.	Tctal
Alabama	22,926	4,880	27,806	4.749	6,399	11,148
Arkansas	5,000	4,896	968,6	821	2,208	3,029
Georgia	:	21,419	21,419	6.887	10,324	17,211
Kentucky	:	45,055	45,055	15.750	7,278	23,028
Louisiana	36,769	8,877	45,646	5,342	17,543	22,885
Mississippi	11,214	39,293	50,507	10,201	33,977	44,178
North Carolina	1,978	135,867	137.845	15,859	42,132	57,991
South Carolina	42,502	13,872	56,374	10,840	25,270	36,110
Tennessee	17,574	16,038	33,612	584	4,519 -	5,103
Texas	:	10,758	10,758	3,210	4,262	7,472
Virginia	15,227	25.996	41,223	1,627	8.973	10,600
Totals	153,190	326,951	480,141	75,870	162,885	238,755

Table 9.—Number of persons treated by quarters, 1912.

State.	March 31.	Quartei June 30.	r ending Sept. 30.	Dec. 31.	Total.
Alabama	збт	1,359	3,351	6,077	11,148
Arkansas	66	25	1,492	1,446	3,029
Georgia	1,713	3,338	4,816	7.344	17,211
Kentucky		367	4,658	18 003	23,028
Louisiana	4.541	6,396	5,364	6 584	22,885
Mississippi	2,617	7 395	15,355	18,811	44,178
North Carolina	9,261	9,473	17.072	22,185	57,991
South Carolina	3 669	11,122	6,225	15,094	36,110
Tennessee	496	1,957	1,592	1,058	5,103
Texas			1,478	5,994	7,472
Virginia		1,524	2,780	6,296	10,600
Totals	22,724	42,956	64,183	108 892	238,755

TABLE 10.—Expenditures, 1912.

State,	By counties.	By state.	By commis'n.	Total.
Alabama	\$1,475.00	\$2,844.34	\$12,135.78	\$16,455.12
Arkansas	64.22		13,243.41	13,307.63
Georgia	2,618.16	643.33	15 726.44	18,987.93
Kentucky	1,700 00	4,000.00	14 823.41	20,523.41
Louisiana	1,463.00	2,500.00	14,260.40	18,223.40
Mississippi	3,875.36	3,000.00	19,611.34	26,486.70
North Carolina	1 8,354.91	5,000.00	19,153.84	32,508.75
South Carolina	a 600.00	234.75	14,086.83	14,921.58
Tennessee	771.82		16,514.06	17,285.88
Texas	1,059.97	960.10	4,117.96	6,138.03
Virginia	500.00	790.00	13,637.16	14,927.16
Totals	\$22,482.44	\$19,972.52	\$157,310.63	\$199,765.59
Expenses	of Administrative	e Secretary's	office	\$22,191.64
Expenses	of Scientific Seci	etarys office.		4 349.42
Expenses	of Treasurer's o	ffice		557 89
Special an	d sundry expense	s		262.02

Total expended in 1912.....\$227,126.56

Table II.—Infection survey by years

	No. count	ies surveyed.	No. childr	en examined.
State.	1911	. 1912.	1911.	1912.
Alabama	2	12	840	3,549
Arkansas	9	9	2,685	4,139
Georgia		14	568	6,375
Kentucky		10		23,501
Louisiana	10	10	3,638	8,236
Mississippi	17	26	9,561	20,640
North Carolina	21	33	11,466	38,381
South Carolina	3	6	1,188	2,796
Tennessee	13	10	3,271	3,146
Texas		4		4,225
Virginia	10	9	4,050	6,300
Totals	87	143	37,267	121,288

TABLE 12.—Sanitary survey by years.

		counties rveyed.		aral homes spected.
State.	1911.	1912.	1911.	1912.
Alabama	. 7	17	2,502	3,717
Arkansas	. II	10	6,159	4 735
Georgia		10	4,981	3,801
Kentucky		9		3,986
Louisiana		10	6,485	8,000
Mississippi		28	2,428	11,124
North Carolina		20	13,251	6,555
South Carolina		18	2 293	4,639
Tennessee		9	2,898	2,104
Texas		4		1,222
Virginia	. 14	48	2,451	10,015
Totals	.125	183	43,448	59,898

TABLE 13.-Microscopic examinations by years.

	•			
	Number o	of persons	examined in	
State.	1910.	1911.	1912.	Total.
Alabama	92	2,640	4,880	7,612
Arkansas	442	3,460	4,896	8,798
Georgia		7,816	21,419	30,400
Kentucky		834	45,055	45.889
Louisiana	79	5,975	8,877	14,931
Mississippi	1,682	14,757	39.293	55,732
North Carolina	7,949	37,328	135,867	181,144
South Carolina	85	3 052	13,872	17,009
Tennessee	545	7,876	16,038	24,459
Texas			10.758	10,758
Virginia		6,986	25,996	35,732~
Totals	14 789	90,724	326,951	432.464

TABLE 14.—Dispensaries by years.

a. Number	of	counties	in	which	dispensaries	were	conducted
a. IN UIIIDEI	ΟŢ	countries	111	willen	dispensaries	were	conducte

State.	1911.	1912.	Total
Alabama	12	1.4	26
Arkansas	1	4	5
Georgia	2	17	10
Kentucky		6	-6
Louisiana	9	12	21
Mississippi	13	28	41
North Carolina	17	- 39	56
South Carolina	4	20	21
Tennessee	5	10	21
Texas	Ü	4	4
Virginia	3	8	11
		-	
Totals	66	171	237

Table 15.—Dispensaries by years—Continued.

b. Total amount appropriated by counties	operating:	
State. 1911.	1912.	Total.
Alabama \$2,035.00	\$1,475.00	\$3,510.00
Arkansas 50.00	200 00	250.00
Georgia 300.00	2,950.00	3 250.00
Kentucky	1,700.00	1,700.00
Louisiana 1,150.00	1,463.00	2613.00
Mississippi 2,114.60	4,175.56	6,200.16
North Ĉarolina 4,300.00	9,579.90	13,879.90
South Carolina	1,025.00	1,025.00
Tennessee	1,375.00	1,925.00
Texas	1,200.00	1,200.00
Virginia 300.00	600.00	900 00
Totals\$10,799.60	\$25,743.46	\$36,543.06

TABLE 16.—Dispensaries by years—Continued.

c. Dispensary weeks:

State.	igii.	1912.	Total.
Alabama	83	72	155 16
Arkansas	3	13	16
Georgia	1.2	108	120
Kentucky		31	31 80
Louisiana	24	56	80
Mississippi	64	178	242
North Carolina	91	227	318
South Carolina	38	1451/2	1831/2
Tennessee	19	73	92
Texas		24	24
Virginia	15	3 6	51
Totals	349	9631/2	1,3121/2

TABLE 17.—Dispensaries by years—Continued.

TABLE 17Dispensaries by ye		uunuea.	
d. Microscopic Examinations at dispen-	saries:		
State.	1911.	1912.	Total.
Alabama	2,640	4,241	6.881
Arkansas	1,859	4,296	6,155
Georgia	3,054	18,434	21,488
Kentucky		22,831	22,831
Louisiana	4,761	8,218	, ,
Mississippi	****	,	12,979
	13,157	37,994	51,151
North Carolina South	17,223	126,106	143,329
Tennessee	1,787	11,782	13,560
	7,269	15,141	22,410
Texas		3,428	3,428
Virginia	2,617	20,427	23,044
(D-4-1)			
Totals	54,307	272,898	327,265
TABLE 18.—Dispensaries by ye e. Number of persons treated at disper		ntinued.	
State.	1911.	1912.	Total.
Alabama	19,489	5,723	25,212
Arkansas	287	2,208	2,495
Georgia	972	9,456	10,428
Kentucky	9/-	6,353	6,353
Louisiana	5.001	II,020	16,021
Mississippi	15,388	33,977	49,365
North Carolina	29,172	42,132	71,304
South Carolina	2,437	25,270	27,707
Tennessee	665	3,842	4 507
Texas	005	4,262	4,262
Virginia	594	5,656	6,250
* 11 Sallice	394	5,050	0,250
Totals	. 74,005	149,899	223,904
Table 19.—Number persons treated	by physi	cians by yea	rs.
State.	1911.	1912.	Total.
Alabama	3,870	4,749	8,619
Arkansas	1,500	821	2,321
Georgia	7,228	6,887	14,115
Kentucky	• •	15,750	15,750
Louisiana	1,197	5,342	6,539
Mississippi	15,803	10,201	26 004
North Carolina	16,700	15,859	32,568
South Carolina	1,774	10,840	12,614
Tennessee		584	1,250
Texas		3,210	3,210
Virginia		1,627	6047
*			
Totals	53,167	75.870	129,037

Table 20.—Number of persons treated by years.

State.	1910	1911	1912	Total.
Alabama		23,359	11,148	34,507
Arkansas	3,330	1,787	3,029	8,146
Georgia	1,400	8,200	17,211	26,811
Kentucky			23 028	23,028
Louisiana		9,420	22,885	32,314
Mississippi	824	35,099	44.178	80,101
North Carolina	8,000	45,881	57,991	111,872
South Carolina	665	5,020	36,110	41,795
Tennessee	204	2.735	5,103	8,0,42
Texas			7,472	7,472
Virginia		8,868	10,600	19,468
-				
Totals	14,423	140,378	238,755	393,556

Table 21.—Number physicians treating the disease by years.

Ct. t-		
State.	1911.	191 2.
Alabama	227	406
Arkansas	200	608
Georgia	690	974
Kentucky		1,125
Louisiana	159	161
Mississippi	786	660
North Carolina	1,195	1,307
South Carolina	100	624
Tennessee	256	279
Texas		519
Virginia	513	194
Totals	4,126	6.857

Table 22.—Expenditures and treatments by years.

	Expended.	No. persons. treated.	Expenditure per person treated.
1910	\$67,223.44	14,423	\$4.66
1911	149,436.16	140.378	1.05
1912	184,671.60	238,755	.77
Totals	\$401,331.20	393,556	1.02

CHAPTER II.

SUMMARY OF ACTIVITIES AND RESULTS BY STATES.

ALABAMA.

- I. State survey by counties.
- . I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in Sq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.
Barbour	. 920	32,728	212	141	66.5
Bibb		22,791	314 .	166	528
Bullock		30,196	211	8o	37.9
Butler	. 769	29,030	165	85	51.5
Choctaw	. 912	18,483	625	518	82.8
Covington	1 ,029	32,124	200	131	65.5
Greene	681	22,717	221	117	52.9
Houston		32,414	200	114	570
Madison		47,041	220	30	13.6
Marshall		28,553	58o	292	50.3
Pickens		25,055	<i>37</i> 6	225	59.8
Wilcox	. 914	33,810	225	131	58.2

2. Sanitary survey, based on an inspection of privy conditions at least 100 country homes:

	7	TYPE OF PRIVE	ζ,	
County.	D	E	F	Total No. inspected.
Barbour	I	46	156	203
Bibb		202	41	243
Bullock		178	115	293
Butler		151	49	200
Choctaw	3	88	136	227
Clarke		194	25	219
Covington		122	78	200
Crenshaw		55	163	218
Elmore		53	141	194
Henry		32	189	221
Houston		166	58	228
Madison		138	72	210
Marshall		119	107	226
Monroe		147	53	200
Pickens		106	97	203
Sumter		203	29	, 232
Wilcox		168	32	200

II. Getting the people treated.

11.	G C C C C C C C C C C C C C C C C C C C	8	people	treateu.				
I.	Enlisting the physicians: (1) Number of physicians in state							
2.	Gettin	g the pe	eople to	seek examina	tio	and treatmen	nt: \	
	(3)	Numb Clini Micr Numb At d At se	er of pecally oscopical er of perispensarian chools	ersons examinates ersons treated ies	ned l b	field force:		22,926 4,880 5.723 676
3.	Work	of con	ity dispe	nsaries:				
J.	VVOIR	Docto cour (Dr Barbo Crens	or and nty. r. Orr.) our haw		ар <u>г</u>	\$150.00 150.00	cam	tion of paign. weeks weeks weeks
			-			150.00	4	weeks
		Bibb Monr Wilco	oe x	e.)	 	150.00 100.00 100.00 100.00	6 to be	weeks weeks weeks open- in. 1st.
		Bullo Madis Mars	on	e11.)		75.00 100 00 100.00 Reported	8 4 9 ¹ / ₂ 7	weeks weeks weeks weeks
		Choct		.)		Reported	5½ 4½	weeks weeks
					5	\$1,475 00	721/2	weeks

Doctor and county.	Numl	er of pe	rsons ar 3	nd times 4	treated	Total No. persons treated.	Total No. treatm'ts.
(Dr. Orr.)						treated.	
Barbour Crenshaw Elmore Henry	546 1,324 38 99	99 517 16 30	44 181 4	13 20	3	546 1,324 38 99	702 2,045 58 129
· (Dr. Purdu	e.)						
Bibb Monroe Wilcox Clarke	203 369 540	61 82 117	42 35 30	10 12 4		203 369 540	316 498 691
(Dr. Caldwo	-11 \						
Bullock Madison Marshall Sumter	183 110 316 125	23 104 23	2 40	2	2	183 110 316 125	208 110 464 148
(Dr. Grote.)						
	1,285 585	488 257	115 53	13	1	1 285 585	1,902 897
Totals	5,723	1,817	546	76	6	5,723	8,168
(1) (2) (3)	Numl Numl Perce	ber of sp entage o	pecimen f infect	s positi ion thu	ve, hool s showr	cworm mens	244 38.1
5. Summ	arv:						
(1) (2) (3)	Numl Numl Numl At	per of poer of	ersons ersons ries	treated treated	by phys	icians	5,723 676
III. Educ	ating	the p	eople	in san	itation		
(1)	blic led Numl Estim	er of p	ablic led	tures d	eliver e d ns thus	reached	106
2. Throu (1) (2) (3) (4)	gh the Numb Numb Numb Numb	schools per of te per of te per of te	: eachers eachers eachers achers 1	in state reached reached	by visi by let by bulle	ttertinstutes	9,220 665 389

3.	By bulletins, leaflets and special literature:	
	(1) Total number of bulletins and leaflets distributed74.3	354
4.	Through the public press:	
•	() X X Y 1 T (T T T T T T T T T T T T T T T T T	235
	(2) Number of papers personally visited	63
	(3) Number of letters to press	41
	(4) Number of articles furnished for publication	1.36

IV. Notes on work of the year:

- I. The total microscopic examinations and home inspections as shown on the report for field men does not tally with the report giving the infection and sanitary surveys by counties for the reason that a number of microscopic examinations and home inspections were made in counties where we did not succeed in completing these surveys; these incomplete surveys are not herein reported.
- 2. The State Superintendent of Education has issued instructions to county school trustees throughout the state that no state funds can be obtained for new school buildings unless the contract for same shall provide for two sanitary privies to be erected in accordance with plans and specifications furnished by the State Board of Health.
- 3. In the counties of Pickens, Marshall and Madison the county boards of education have issued orders that sanitary privies must be erected at the schools throughout the county. The trustees are ordered to provide for this by taxing each pupil not more than fifty cents per term. Plans and specifications for these privies are to be furnished by the State Board of Health.

In the counties of Barbour, Bibb, Bullock, Choctaw, Crenshaw, Henry and Sumter, school trustees in many districts adopted official resolutions recommending that their schools be provided with sanitary privies in accordance with the plans urged by the State Board of Health.

- 4. It is gratifying to report that county health officers have been more active than ever before, evinced by:
- (a) Many letters of inquiry as to how they can best assist in the campaign in their county, and asking literature.
- (b) Publishing of their reports in the county papers, giving the results of the hookworm campaign in their county.
 - (c) Assisting and securing county appropriations.
 - (d) Accompanying field men on county tours.
 - (e) Assisting in conducting dispensaries.
- (f) Writing letters of endorsement addressed to county health officers in other counties.
- 5. In every county campaigned this year the doctors have taken more interest and have been more active than ever before. In every instance county societies have rendered indispensable service in launching their county campaigns, by resolutions endorsing the work and by addressing official requests to county courts of commissioners asking for the appropriations. The societies have also published in their local papers resolutions calling on the people to take advantage of the opportunities for treatment and cure offered by their local board of health in co-operation with the State Health Department.
- 6. Several county societies have arranged programs for their meetings calling for papers and discussions on hookworm disease, and the state campaign for its eradication.

Many individual doctors have made special trips throughout their communities urging the people to go to the dispensaries for examination and treatment. A number of such physicians have also assisted in conducting the dispensary and making microscopic examinations.

7. Deserving of special mention are two communities in Madison and Lauderdale counties, respectively, where minis-

ters and laymen joined in a voluntary Public Health Campaign. The local doctors backed up these movements very actively. The State Board of Health co-operated in these local campaigns, several lectures being given and large quantities of literature distributed.

- 8. School teachers, as usual, have responded with their characteristic zeal and sincere interest to all our requests for their co-operation. They have rendered indispensable service in getting school-children examined and treated. In three communities in Choctaw county, reported by Dr. Grote, three schools closed for the day, the teachers bringing all the children to the dispensary to be examined. In all instances a recess has been granted to allow the field man to deliver lectures on hookworm disease, sanitation, etc. The programs for teachers' institutes almost invariably call for lectures by representatives of this department.
- 9. County courts of commissioners and probate judges deserve special mention for their cordial support. The appropriations asked for have been cheerfully made in every case. In several instances the probate judges, acting for the revenue boards, have volunteered and made additional appropriations, after having seen so much good done by the campaign among the people.

In the 14 counties campaigned this year these courts have donated a total of \$1,475 to aid the work in the county campaigns.

ARKANSAS.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.		Population. 25,268	Number examined.	infected. 213	54.9
Cross Drew		14,042 21.060	236 223	102 62	43.2 28.2
Hempstead	722	28,285	526	197	37.6
Izard LaFayette		14,561 13,741	1,116 329	685 235	61.4 28.6
Nevada	, 610	19,344	743	486	65.4
Sharp		11,688 16,657	219 358	45 130	20.5 33.0

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes.

	TYPE (
County.	E	F	Total
Cross	395	459	854
Hempstead	305	239	544
Izard	100	537	637
Jefferson	187	227	414
Lincoln	315	242	557
LaFayette	150	337	487
Saline	92	144	236
Sharp	65	326	391
Union	172	206	378
Woodruff	127	110	237

II. Getting the people treated.

T. Enlisting the physicians:

1.	Emisting the physicians.	
	(1) Number of physicians in state	3,600
	(2) Number of physicians personally interviewed	
	(3) Number of lectures to physicians	68

(4) (5)	Number of fam Number of pers Clinically Microscopically Total number of Number of pers Total number of	ons ex	amined:	ined	······································	5,000 4,895 9,896
3. Work	of county dispens	aries:				
Amount of Appropriation.		Amount used.		Duration of of campaign.		
Cross \$25.00 Hempstead \$25.00 Nevada 25.00 Izard 150.00 Union Others Hassig-Ellis Drug Co. donated 50.00			\$4.34 5 94 53.94		4 weeks 6 weeks 12 weeks	
			25.10			
Totals\$250.00				\$89.32 22 weeks		2 weeks
	Number of per	sons a	nd time:	s treat	ed.	
County.	I	2	3	4 ′	Total No. treated.	Total No. treatm'ts.
Union Izard		80 35 55 280 241 118	50 23 25 260 68 47	15	90 193 307 376 768 474	220 251 387 916 1.092 639
	2,208	809	473	15	2,208	3,505
4. Report of laboratory: (1) Total number of specimens examined						
(2) (3)	ary: Number of perso Number of perso Number of perso Total number of	ons trea	ited by	physici staff	ans	. 821 . 2,208

III. Educating the people in sanitation.

I.	By public lectures: (1) Number of public lectures delivered
2.	Through the schools: (1) Number of teachers in state
3.	By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed.48,102
4.	Through the public press: (1) Number of papers in state

IV. Notes on work of the year.

- I. The following towns during 1912 have either adopted sewerage or dry bucket closet to some degree, with regulations concerning their care, and also have made attempts to improve and protect the water supply: Bauxite, Florence, Wabash, Magnolia, Helena, Stuttgart, Paragould, Jonesboro, Conway, Morrillton, Heber Springs, Eureka Springs, El Dorado, Waldron, Mariana, Searcy, Marion, Osceola, Batesville, Forrest City.
- 2. Return self-addressed postal cards to county superintendents, county examiners and physicians, out of sewered districts, requesting information relative to the construction of sanitary toilets for 1912 show reports from 39 counties, and 980 closets constructed therein. Most of the counties reporting are those in which the Commission has done most of its work. In spite of the fact that every effort was made to get a report from every county, the remaining 36 counties failed to respond. I am of the opinion that many

of these closets reported as sanitary are simply constructed with boxes and trap-doors, without being fly-proof. Many of them, however, will measure up to the 75% requirement.

3. As a result of addresses and appeals before various organizations the following actions were taken: Arkansas State Teachers' Association adopted resolutions endorsing the work and creating a Teachers' Health League in every county in the State. The Arkansas Travelers promised hearty co-operation and urged that all hotels in the state build sanitary closets. The Hotel Proprietors' Association promised to comply as rapidly as possible and to aid the State Board of Health in passing a suitable health bill. The Arkansas Medical Society renewed its pledge of loyalty and commended the work. The Arkansas Federation of Women's Clubs enthusiastically endorsed the work and created Health Committees in every county where they have organizations, and are actively aiding in every way possible and are doing all in their power to force the passage of a satisfactory health bill. Various local societies and clubs have shown the same uniform courtesy and expressed appreciation of the good work being done.

42 GEORGIA.

GEORGIA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in Sq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.
Colquitt	. 565	13,636	659	578	87.0
Brooks	. 463	18,606	316	261	82.0
Berrien	. 810	19,440	200	183	91.5
Thomas	713	31,076	257	152	59.1
Ware	. 676	13,761	352	296	84.9
Macon	392	14,093	267	172	64.4
Muscogee		29,836	384	192	50.0
Worth		18,664	432	376	84.0
Wilkinson		11,440	439	404	92.0
Washington		28.227	632	506	80.0
Pierce	. 518	8,100	849	742	87.0
Appling		12,336	433	331	76.4
Coffee	1,123	16,169	946	7 84	82.6
Houston	. 591	22,641	209	121	88.o

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

		TYPE OF	PRIVY.	
County.	D	E	\mathbf{F}	Total.
Berrien	2	600	118	720
Colquitt		312	58	370
Thomas		331	192	525
Ware		400	51	451
Macon		202	138	340
Crisp		182	28	210
Muscogee	5	211	106	322
Pierce		245	42	287
Coffee		· 355	21	<i>37</i> 6
Johnson		115	85	200

II. Getting the people treated.

1. Enlisting the physicians:

(1)	Number	of	physicians in state	3,022
(2)	Number	of	physicians personally interested	477
			lectures to physicians	
(4)	Number	of	physicians thus reached	603
(5)	Number	of	letters and circulars sent to physicians.	5,739
(6)	Number	of	bulletins sent physicians	6,732
			physicians now treating the disease	
(8)	Number	οf	persons treated by physicians	.6,887

2. Getting the people to seek examination and treatment:

						О
(2)	Number	of	persons	examined	clinically	0

(3)	Number of	persons	examined	microscopically	21,419
(4)	Number of	persons	treated by	field force	10.324
(5)	Total numb	er of ne	reone treat	ted on record	17212

3. Work of county dispensaries:

	Amount	of Amoun	t Duration
County.	Appropria	tion used.	of campaign.
Lowndes	. \$150.00	\$99.50	6 weeks
Thomas	. 150.00	117.44	7 weeks
Berrien	. 150.00	83.32	7 weeks
Colquitt	. 150.00	82.51	6 weeks
Brooks	. 150.00	60.32	6 weeks
Ware		69.10	6 weeks
Macon		70.69	6 weeks
Pierce		127.79	6 weeks
Camden	. 100.00	79.53	4 weeks
Appling	. 150.00	146 10	5 weeks
Coffee	. 150.00	137.26	6 weeks
Washington	. 150.00	104.02	7 weeks
Worth		147.79	6 weeks
Muscogee	. 150.00	140.73	7 weeks
Crisp	150.00	103.60	6 weeks
Wilkinson	. 150.00	81.13	6 weeks
Houston	. 150.00	146.31	6 weeks
Turner		88 44	5 weeks
Charlton	. 75.00	· ·	{ In operation
Clinch	. 75.00	S	(
Burke	. 150.00		Not open
-Jefferson	150.00		Not open

	Nu	mber of p	ersons	and time:	s treate	eđ.	Tota peopl	
County.	I	2	3	4	5	6	treate	d. ments
Lowndes	122	42	20	0			122	184
Thomas	686	118	17	5			686	8,216
Berrien	819	81	16	I			819	917
Colquitt	65o	93	17	7			650	767
Ware	429	126	12				429	567
Brooks	515	52	4				515	571
Macon	239	44	23	2			239	308
Washington	832	168	22	I		163	832	1,186
Wilkinson	653	114	25	4	3	48	653	847
Worth	762	76	2				7 62	840
Crisp	215	8	2	T			215	226
Pierce1	,114	307	15	Ī	I		1,114	1,438
Muscogee	307	81	23 6	8	3		307	422
Turner	347	52	6	I			347	406
Houston	211	10	I				211	222
Camden	401	105	16				401	522
Coffee 1	,154	187	41	_2			1,154	1,384
Totals9	456	1,664	262	33	7	211	9,456	11,633

4.	Laboratory Report:
	(1) Specimens examined .2,985 (2) Specimens positive .1,550
5.	Summary:
	(1) Number of persons examined 21,415 (2) Number of persons treated by physicians 6,887 (3) Number of persons treated by staff 10,322 (4) Total number of persons treated 17,211
III.	Educating the people in sanitation.
í.	By public lectures:
	(1) Number of public lectures delivered
2.	Through the schools:
	(1) Number of teachers in state
3.	By bulletins, leaflets and special literature:
	(1) Number of bulletins, leaflets, etc143,258
4.	Through the public press:
	(1) Number of papers in state

IV. Notes on work of the year.

- I. The bill providing for county or district health officers and medical inspection of school children, while not receiving a constitutional majority, did receive a majority vote in the legislature of this year and helped to create public sentiment which will ultimately result in the enactment of this measure.
- 2. The boards of education in the following counties have passed resolutions adopting sanitary surface privies: Coffee, Camden, Charlton, Tift, Pierce and Ware.
- 3. As a result of our work in connection with women's clubs and other educational agencies, the attitude of the public toward all public health matters has been changed favorably; our chances for necessary legislation have been greatly enhanced.

KENTUCKY.

I. State survey by counties.

Infection survey, based on an examination of at least 500 persons, taken at random:

bons, tarren at tanaoni.							
County.	Area in Sq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.		
Bell Breathitt	369 480	28,447 17,540	6,474 1, 7 97	2,039 1,288	31.5		
Butler	409	15,805	1,454	172	71.7		
Clark Edmonson	267 260	17,987 10,469	1,491 2,723	128 1,541	08.6 56.6		
Hickman Jefferson	224 371	11,756 262,920	699 2,045	10 33	01.4 01.6		
Knox Leslie	352	22,116 8,976	5,279	2,085	39.5		
Whitley	397 578	31,982	590 949	277 250	46.9 26.3		
State institution	ons	1.437	1,437	198	13.8		

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

	NUMBER OF PRIVY TYPES.								
County.	A	В	С	D	E	F	Total.		
Bell				7	251	511	769		
Breathitt	2			•	17	206	225		
Butler				71	53	409	533		
Clark				41	27	273	341 618		
Edmonson					58 82	560			
Hickman				67		124	273 556		
Jefferson	I	3	5	126	189	232			
Knox		2	I	41 67	117	138	299		
Warren		2	3	07	112	188	372		

II. Getting the people treated.

Ι.	Enlisting the physicians:
	(1) Number of physicians in state 3,708
	(2) Number of physicians personally visited 2,358
	(3) Number of lectures to physicians
	(4) Number of physicians thus reached
	(5) Number of letters and circulars to physicians16,405
	(6) Number of physicians now treating the disease 1,125
	(7) Number of persons treated by physicians15,750
2.	Getting the people to seek examination and treatment:
	(1) Number of schools inspected 220
	(2) Number of persons examined:
	Clinically
	Microscopically 22.831

(3) Number (4) Number (5) Total nu	treated in	Stat	e Instit	utions		198	
	dispensari Expendi- tures.	Du			copic Neg.	Total	
Bell \$200.00 Knox 150 00	\$200.00 150.00		weeks weeks	1,213 1,165	2,006 2,065	3 219 3,230	
(Dr. Richmond.) Edmonson 200.00 Jefferson 750.00	250.00 750.00		weeks weeks	1,477 337	1,257 1,418	2,734 1.755	
(Dr. Shirley.) Breathitt 150.00	150.00	5	weeks	1,283	526	1,809	
(Dr. Steele.) Butler 25000	250.00	5	weeks	176	1,126	1,302	
Totals \$1,700.00	\$1,750.00	31	weeks	5,651	8,398	14,049	
Number of persons Doctor and rounty. (Dr. Lock.)	and times	trea 2		Total No. treated.		al No. tments.	
Bell		26 29		1,340 1,926		1,366 1,955	
(Dr. Richmond.) Edmonson 1,292 Jefferson		I		1,292 330	1	,293 330	
(Dr. Shirley.) Breathitt	}	13		1,298	1	,311	
(Dr. Steele.) Butler 167		13		167		180	
Totals 6,353	•	82		6,353	6	,435	
4. Report of laboratory: (1) Total number of specimens examined							

	(7) Number specimens negative to parasites
5.	Summary: (1) Number of persons examined:
	At the laboratory. 31,006 At the dispensaries 14,049 (2) Number treated: By physicians 15,750 By staff 7,080 In State Institutions 198
III.	Educating the people in sanitation.
ī.	By public lectures:
	(1) Number of public lectures delivered 480 (2) Estimated number persons thus reached 80,122
2.	Through the schools: (I) Number of teachers in state
3.	By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed, 179,130
4.	Through the press: (1) Number of papers in the state

IV. Notes on work of the year.

- I. This is Kentucky's first year in the work. We are grateful to workers in the other states for many plans of procedure which had already been perfected for our use.
- 2. The Kentucky sanitary privy has become practicable. We offer definite plans for a septic tank for schools and country homes; it can be built at small cost; it is watertight, fly-proof, devoid of bad odors and sanitary

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- 3. Repeated tests by re-examination and a careful check system have shown that the method of microscopic examination devised by our State force is more rapid and more accurate than examination without the centrifuge.
- 4. In no other respect has this work been of more value than in bringing to the attention of physicians the growing importance of accurate methods of diagnosis. During the year physicians of the state treated 15,750 cases of hookworm disease; of these 15,075, or 96%, were diagnosed microscopically. During the year these physicians treated 17.471 cases of tuberculosis; of these only 5,265 were confirmed microscopically. They treated 19,125 cases of gonorrhea; of these only 3,127 had been diagnosed microscopically. They treated 12,375 cases of diphtheria; of these only 1,350 had been confirmed microscopically. The state laboratory is at the service of the physicians of the state; it is confidently believed that during 1913 a much larger percentage of laboratory examinations in other diseases will be made.
- 5. In a remarkable degree we have had the co-operation of every agency working for good in Kentucky:
- (a) The officers and members of the State Board of Health have given us a kind of support without which our work would have been impossible. One day of the annual school for county health officers was devoted to our work; the instruction there given reached all of the 120 counties in the state; our state bacteriologist has personally supervised the training of our 10 microscopists; she has held herself personally responsible for the accuracy of their work; a portion of each of her public addresses is devoted to this work; she secured the county appropriation in one of our dispensary counties. The vital

statistics organization, with a lay representative in practically every school district in the state, has been of incalculable service in our work. Dr. Heizer, the registrar of vital statistics, personally visited the local registrars in each dispensary county in the early part of the work so as to secure their live interest in it. He has emphasized in all his public addresses the economic loss from hookworm morbidity as altogether out of proportion to the apparent death rate from the disease. The Secretary of the State Board of Health has been present in person during a part of each of our dispensary campaigns; he has used the results of the work as a basis for the program for the future health work in the state. The president and members of the board have each visited some of the county dispensaries and have given an amount of moral support to the work without which it could not have been successful.

- (b) Of even greater importance has been the co-operation of the Kentucky State Medical Association, with its 114 county medical societies and the medical profession of the state. In the six counties worked the physicians have contributed 492 days to this service without compensation. When it is understood that less than 25 cases of hookworm disease had been treated in Kentucky prior to January 1, 1911, nothing better shows the spirit of our doctors than that 1,125 of them have gone on record as treating 15,750 cases in their private practice in the past twelve months. The Kentucky State Medical Association pays the salary of one microscopist; this young woman acts as reporter for the Kentucky Medical Journal, so that all physicians in the state are kept informed as to the progress of the work.
- (c) Our county health officers, the medical superintendents of our state eleemosynary institutions and physicians in charge

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of mining and other industrial plants have rendered special service. The county health officer has been present at no less than one-half of the dispensary appointments, and in Jefferson and Knox counties at all of them. If charged for at the ordinary per diem rate the annual salaries of neither of these men would pay for their services during the dispensary alone. To give but a few concrete examples of such service, Dr. W. E. Ray, the health officer of Leslie county, attended the annual school for county health officers in Louisville; recognized from the addresses on hookworm disease that his people were infected with it; returned home and secured authority from his fiscal court to purchase a stereopticon; with slides furnished by us he lectured all over his county and, with the co-operation of Dr. Collins, his only colleague, sent in 590 specimens from the most prominent people of the county, of which one-half He got Dr. Heizer to deliver an were found infected. address before the county teachers' institute to an audience representing practically the entire county. The fiscal court, in direct response to Dr. Ray's campaign, appropriated \$300 for the dispensary. In the same spirit Doctors Menifee, of Grant, and Piper, of Logan counties, and many others, have secured stereopticons and are making telling inroads on the preventable diseases in their counties.

(d) The co-operation of county officials has been prompt and aggressive. We have found that it is only necessary to explain our work in plain English to the county judges and magistrates to secure adequate appropriations of money and to secure their moral support and personal co-operation in these campaigns. As an example, Judge Stampler, of the Bell County Court, attended the annual school for county health officers: became enthused by it; returned home and set his

people on fire with a desire to secure the benefits of health. He preached sermons in the churches; taught lessons in schools to pupils, teachers and parents; explained the purposes of the campaign to groups of men working on the public roads; went out into the hustings with the cry for more and better life on his lips and made of the dispensary campaign in Knox county a success in better health for his people in such way as to entitle him to their confidence and enduring esteem. In Breathitt county J. W. Hagans, the County Judge, or W. H. Blanton, the County Attorney, or both, accompanied Dr. Shirley and his microscopists on horse-back or on a hand-car to every one of their appointments. One of these men made addresses each time Dr. Shirley did, and with equal or greater effect, because they were talking to their own people, who knew them and loved them. In Edmonson county John A. Logan, the County Attorney, personally guaranteed the appropriation for the dispensary work; built the first sanitary privy in the county at his own house; submitted specimens for examination from every member of his family and co-operated in such way as to secure the examination of one-third of the entire population of the county. Squire Durbin gave a barbecue on the first dispensary day and led his neighbors and life-time friends in the movement for better health conditions. At Bee Springs, in this county, Michael Vincent, State Senator; H. T. Rich, ex-Representative, and J. C. Van Meter, the local registrar of vital statistics, as committee on arrangements devoted days in preparing for the dispensary at that point and made this the largest dispensary we have ever held in a purely rural community.

In Bell and Butler counties the magistrates and physicians co-operated in the same way. At several dispensaries practi-

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cally every physician in the county was present and helped in the work.

Jefferson county, the richest and most populous county in the State, has taken up the work with the determination to push it until intestinal parasites have been eradicated. The work will be conducted systematically by districts and will require months for its completion. The fiscal court has voted \$600, and has promised to finance the work until the job is done. The co-operation of the fiscal court, of the county board of health, of the full time county health officer, with his laboratory, with his bacteriologist and his sanitary inspectors, of the county board of education, of the teachers, of the commercial bodies of Louisville and the citizenship of the county give promise of making this campaign historic.

- (e) The State Press Association has been at our service; it has carried life saving information daily and weekly to every newspaper reading family in Kentucky.
- (f) We have had the hearty co-operation of the State Superintendent of Education, county school superintendents and public school teachers. One teacher in Leslie county, 40 miles from a railroad and 20 miles from his county seat, sent to the state laboratory specimens from his 25 pupils; 24 of them were found infected. Being miles from a physician he treated these 24 pupils himself, and, in his own words, "made live pupils out of dead ones." More than 20 country schools in the state have had a specimen from every pupil examined; more than 500 have had a majority of their pupils examined; more than 1,000 soil pollution charts of the United States Public Health Service have been distributed among country school teachers; many of the schools use the bulletin of the State Board of Health as a text book. Next year the State

Department of Education at its own expense will place in the hands of every public school child a text book on hygiene, written by our state registrar of vital statistics. This book will contain a chapter on hookworm disease, another chapter on the sanitary privy, and will be profusely illustrated with pictures.

(g) We have had the active co-operation of the State Federation of Women's Clubs, an organization which guides the public activities of the women of Kentucky. Our state bacteriologist is an officer of the state organization and every assistant in her laboratory is a member. One-half of the attendance at our dispensaries at Barbourville, Corbin, Pineville, Middlesboro, Jackson, Morgantown and the towns in Jefferson county has been secured through the activity of the organized women's clubs. These women have been active in sending in specimens from their own families and securing the examination and treatment of their neighbors. women, the wives or daughters of the most prominent men in the state, were present at the meeting of our State Medical Association to hear the address delivered by the chairman of their health committee. They came as an earnest of their real desire to be of practical assistance in this co-operative campaign.

LOUISIANA.

I. State survey by counties.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

Parish.	Area in Sq. miles.	Population,	Number examined.	Number infected.	Perctg. of infection.
Claiborne	. 764	23,029	203	66	32.0
Livingston	626	8,100	1,270	725	57.0
Morehouse	. 809	16,634	252	48	19.0
Rapides	1,370	39,578	397	124	31.2
St. Helena	409	8,479	1,461	750	51.3
St. Landry	1,662	52,906	475	30	6.3
Tangipahoa	777	17,625	1,250	616	49.2
Vernon	. 1,321	10,327	2,038	1,351	66.2
Webster	. 682	15 125	549	153	27.8
Winn	957	9,648	341	177	48.0

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

			T	YPE OF	PRIVY.		
Parish.	A	В	С	D	E	\mathbf{F}	Total.
Claiborne	2	2	9	15	213	375	616
Livingston				52	241	163	456
Morehouse			6	28	408	187	629
Rapides				4	224	260	488
St. Helena				ġ	191	150	350
St. Landry		22	21	52	1,665	459	2,210
Tangipahoa	2	20	18	112	266	30	448
Vernon		103		6	1,270	349	1,728
Webster					309	328	637
Winn		2	2		79	346	429

II. Getting the people treated.

I. Enlisting the physicians:

	. O F	V	
(1)	Number	of physicians in state)33
(2)	Number	of physicians personally interviewed	377
		of lectures to physicians	
		of physicians thus reached	
(5)	Number	circular letters sent to physicians11,8	363
(6)	Number	of bulletins sent to physicians	560
(7)	Number	of physicians now treating the disease	і б т
(8)	Number	of persons treated by physicians 5.3	₹42

١.

2. Getting the people (1) Number of (2) Number of	f schools inst	pected	treatment	:: 298
	Clini Micr	cally oscopically		36,769 8,877
(3) Total num (4) Number of (5) Total num	f persons treat	ted by field	force	17.543
3. Work of county d	ispensaries :			
	unt of	Expendi	i_ '	Duration of
	pro.	tures.		campaign.
(Dr. Wright.)	-			1 0
Claiborne \$150.	.00	\$150.00		6 weeks
Morehouse 200.		200.00		6 weeks
Webster 150.		150.00		6 weeks
Ouachita* 200.0	00			
\$700.	00	\$500.00		18 weeks
(Dr. Adams.)				
Feliciana* 100.				6 1
Livingston 100.		100.00		6 weeks 6 weeks
St. Helena 100 Tangipahoa 100.		100.00		7 weeks
			•	- WCCR3
\$400.	00	\$300.00		19 weeks
(Dr. Baucum.)				
La Salle* 150.0	00			_
Rapides 150.		150.00		7 weeks
Winn 183.	.00	183 00		6 weeks
\$483.	00	\$333.00		13 weeks
(Dr. Azar.)				
Vernon 330.	00	330.00		6 weeks
Grand totals\$1,913	3.00	\$1,463.00		56 weeks
(Dr. Wright.)				
Claiborne 1,113	712 195	6	1,113	2,026
Morehouse 425	71 12		425	508
Webster 631	513 150	II	1 631	1.306
2.169	1,296 357	17	1 2,169	3 840
		,		

^{*}Dispensary work just begun.

Parish	Number o	f person 2	is and tir 3	nes treate 4			Total No. treatm'ts
(Dr Adams. Livingston St. Helena Tangipahoa	985 766	565 512 670	196 251 327	11 21 4	4	985 766 1,226	1,757 1,550 2,231
	2,977	1,747	774	36	4	2,977	5,538
(Dr. Baucun							
Rapides Winn		713 910	133 77	2I 7 ——	2	1,207 2,283	2,076 3,277
	3,490	1,623	210	28	2	3,490	5,353
(Dr. Azar.) Vernon	2,384	1,347	669	53	2	2,384	4,455
Grand totals	511,020	6,013	2,010	134	9	11,020	19,186
(2)	of laborate Number of Number of Percentag	of spec	imens p	ositive, h	ookwo	orm	., 126
(2)	Number Number	treated Physicia Staff	by: ans ,		· • • • • • • • • • • • • • • • • • • •		5,34 ²
III. Educating the people in sanitation.							
 1. By public lectures: (1) Number of public lectures delivered							
(1) (2) (3) (4)	gh the sch Number Number Number Number Number	of teach of teach of teach of teach	hers rea hers rea hers rea	ched by ched by ched by	visit. letter bullet	ins	894 1.200 4,000
	letins, lea Number						62,265
(1) (2) (3)	public property Number Number Number Number Number	of pape of pape of lette	rs persons to pr	nally vis	ited		60

IV. Notes on work of the year.

- I. The State legislature enacted the following:
- (a) House Bill No. 268. AN ACT to further carry into effect Articles 296 and 297 of the Constitution of the State of Louisiana and to preserve the public health; to authorize the State Board of Health to revise the Sanitary Code, etc.

Section 3 of the above Act prescribes that fines shall be imposed for violation of any regulation contained in the Sanitary Code.

Section 4 prescribes that said fines shall be paid into the treasury of the state to the credit of the State Board of Health.

The appropriation for the State Board of Health was increased from \$25,000 to \$40,000 per annum.

(b) ACT No. 173 confers the same rights upon municipal and parish boards of health, with the following proviso:

"They shall act under the supervision and advice of the State Board of Health and pass no ordinance in conflict or inconsistent with the powers and duties of the State Board of Health, but shall in all health and sanitary measures which they may adopt be auxiliary to and act in harmony with the State Board of Health, and shall make such reports monthly to said Board of Health and furnish such other information as the State Board may require."

(c) ACT No. 131. Exempting Board of Health from paying costs of court.

ACT No. 161. Establishing State Tuberculosis Commission and prescribing that the President and Secretary of the State Board of Health shall be members of said Commission, etc.

2. During the year the State Board of Health has promulgated regulations providing for:

- (a) Abolishing common drinking cup and roller towel.
- (b) Election of State Registrar of Vital Statistics.
- (c) Local food, drug and sanitary inspectors without compensation.
 - (d) Anti-diphtheretic serum in the interest of the poor.
 - (e) A State Sanitary engineer.
- 3. The following parishes passed regulations providing for sanitary privies: Avoyelles, Bienville, Calcasieu, Caldwell, Ouachita, St. Bernard, St. Helena, St. Tammany, Tangipahoa. Number of sanitary privies built, 825.
- 4. Morehouse Parish increased the salary of the parish health officer \$750 per annum, and prescribed that an inspection of all schools should be made semi-annually. Livingston Parish health officer devoting his full time to public health work.

MISSISSIPPI.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in Sq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.
Perry	. 1,091	14,682	767	610	70.0
Hancock	. 611	11,886	710	504	70.0
Lincoln		21,552	1,159	824	71.0
Covington	577	13,076	1,041	830	79.0
Forrest			906	740	0.18
Simpson	. 578	12,800	1,375	1,021	74.0
Smith	. 610	13,055	150	141	94.0
Union	. 418	16,522	959	490	51.0
Chickasaw	. 507	19,892	112	26	230
Alcorn	. 402	14,987	255	218	85.0
Tippah	456	12,983	497	294	59.0
Lafayette		22,110	134	:35	26.0
Amite		20,708	1,147	856	74.0
Pike	. 697	27,545	1,099	672	61.0
Wilkinson	. 664	21,453	4 7 6	345	72.0
Copiah	748	34 395	1,041	493	47.0
Winston	. 577	14,124	374	319	85.0
Clarke	. 664	17,741	244	221	90.0
Leake		17,360	769	563	73.0
Lauderdale		38,150	284	210	73.0
Franklin		18 678	1,655	1,267	<u>7</u> 6.0
Jackson		16,513	960	855	89.0
Greene	819	6,795	1,349	1,158	8 <u>5</u> o
Jasper	647	15,394	1,170	920	<u>7</u> 8.0
Wayne	788	12,539	1,578	1,418	89.0
Kemper	704	20,492	336	255	75.0

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

	TYPE OF PRIVY.					
County.	В	C	D	E.	F	Total.
Perry				12	192	204
Hancock				53 26	373 106	426
Union				26	106	132
Chickasaw				106	123	229

Alcorn. Marshall. Lafayette. Tippah. Lincoln. Covington. Forrest. Simpson. Smith. Amite. Pike. Wilkinson. Copiah. Franklin. Jackson. Jefferson. Greene. Winston. Clarke. Lauderdale. Jasper. Wayne. Kemper. II. Getting the people treater		5 512	13 200 399 144 246 143 297 190 315 555 27 0 786 833 152 651 123 284 235 323 169	94* 265 425 180 59* 310 236 326 192 604 559 367 367 315 1,190 1,380 310 895 309 284 454 469 357 466 2,12		
1. Enlisting the physicians:			1			
(1) Number of physicians in state						
2. Getting the people to seek exa (1) Number of schools ins (2) Number of families ex (3) Number of persons ex Clinically Microscopi (4) Number of persons tr	spected xamined. amined: 			11.104		

^{*}Survey not completed.

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dispensaries
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Work of county dispensaries	spensaries							
Doctor and County.	Amt. of appro.	Amt. used.	Duration of campaign.	Microscopic. Pos. Neg.	opic. Neg.	Cl Pos.	Clinical. Neg.	Total Exams.
(Dr. Rowan.) •	\$125.00	\$134.00	7 weeks	019	157	428	153	1,348
Напсоск	150.00	102.75	/ weeks	341	70,	\$. /**	A.C.
(Dr. Boswell.)	264.38	272,38	6 weeks	245	81	24	∞	376
Union	100.00	132.19	6 weeks	841	1,110	621	176	2,748
Chickasaw			+ weeks	86	386			484
Tippah	125.00	12436	11 weeks	604	1,015	569	153	2,341
Marshall			2 weeks	Ι	37	4	г	45
Lafayette	200.00		I week	34	92			129
() () () () () () () () () ()								`
(Dr. Whiteheid.)	0	00000	S weeks	T 20T	× × × ×			2.140
Covington	200.00	127.81	12 weeks	1,232	622	17		1,871
Forrest	209.50	209.50	10 weeks	1,329	1,027	14		2,370
Simpson	214.85	214.85	10 weeks	1.350	772	H		2,123
Smith	200.00		3 weeks	1 691	36	10		215
(Dr. Buchanan.)	;		<u>.</u>	G	000	60	1	01, 4
Amite	200.00	190.00	4 weeks	1,301	200	2,00,1	757	4,410
Pike	213.65	213.05	o weeks	1,100	1,209	2,010	7 8	4,925
Wilkinson	200,00	150.00	/ weeks	06+	330	501	567	D.O. 1
Copiah	200:00		10 weeks	96†	580	104	75	1,255

02		MIDDIODE		
Total Exams.	2,591 2,167 2,096 885	3,656 2,124 1,937	1,990 2,192 534	49,234
Clinical. Neg.	2 8 47	H	%	1.844
Cl Pos.	587 1,015 934 375		182	9,370
opic. Neg. ·	947 191 349 147	1,362 705 480 done.)	410 506 179	14,702
Microscopic. Pos. Neg.	1,055 961 733 • 316	2,293 1,30 1,419 7 1,457 4 1,457 (Nothing done.)	1,359 1,686 35 5	23,318
Duration of campaign.	7 weeks 4 weeks 9 weeks 4 weeks	7 weeks 7 weeks 8 weeks I week	5 weeks 7 weeks 3 weeks	178 weeks
Amt. I	249.23 25875 196.74	197.00 192.00 175.00	199.15	\$3,875.36
Amt. of appro.	249.23 258.75 200.00 200.00	200.00 200.00 175.00 200.00	200 00 240.00 200.00 200.00	200.00
Doctor and County.	(Dr. Howard.) Winston	(Dr. Dedwylder.) Franklin Jackson Greene Jefferson	(Dr. Gill.) Jasper Wayne. Kemper Neshoba.	Oktibbeha

Total No. treatments	1,569 1,509 2,480 2,5,558	8,738 4,099 7.581 1,743	5,787 3,411 4,163 — 13,361	2,884 4,881 1,125 8,890
Total No. treated.	780 910 1.395 3,08 5	3,220 1,556 3,145 589 589 8,510	2,759 1,408 1,454 5,621	1,619 1,722 375 3,716
2	н н	1	1	1
9	нн ю Ги	39 39	ī	į
s treated. 5	4 6 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	39 39	1	1
No. of persons and times treated.	17 13 29 29	\$ 8	4 10 0	
No. of.perso	315 169 296 780	2,487 1,255 2,055 577 6,374	1,097 856 1,343 3,296	246 1,467 375 2,088
61	452 413 750 1,615	2,919 1,288 2,381 577 7,165	1,927 1,147 1,361 4,435	1,019 1,692 375 3,086
н	ell.) 780 910 1,395	3.220 1,556 3.145 589 589 589	ylder.) 2,759 1,408 1,454 5,621	1,619 1,722 375 375 3,716
Doctor and County.	(Dr. Boswell.) Alcorn Tippah Union		(Dr. Dedwylder.) Franklin Jackson Greene	(Dr. Gill.) Jasper Wayne Kemper Totals

Doctor and County.	п	61	No. of p	ersons a	No. of persons and times treated.	treated. 5	9	^	Total No. treated.	Total No. treatments
ard)	1,543	1,303	813 1,759		35 5	1 II			1,543 2,177 1,785	3,665 6,159 5,332
Leake	703 703 6,208	703	492 4,828	I	04	12	İ	1	703	1,898 17,054
wan.)	801 715	792 676	792 667		403 306	4 ∞			80i 715	2,792 2,372 68
George	1,516	1,468	1,459	•	709	12	1	1	1,516	5,232
. (Dr. Whitfield.) Lincoln	1,302 1,236 1,244 1,54 175 5,321	1,286 1,213 1,024 1,050 83 4,656	1,052 1,143 975 1,030 1,74 4.274		59 29 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 25 25 25	1 6 1 V	1	1,302 1,367 1,236 1,241 , 175	3,640 3,808 3,286 3,347 333

4.	Laboratory Report: (1) Total number of specimens examined. 1,273 (2) Number containing hookworm ova. 1,247 (3) Number containing other parasites. 26
5.	Summary: (1) Number of persons examined
III.	Educating the people in sanitation.
I.	By public lectures: (1) Number of public lectures delivered
2.	Through the schools: (1) Number of teachers in state
3.	By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed.224,997
4.	Through the press: (1) Number of papers in state

IV. Notes on work of the year

- 1. The 1912 legislature enacted:
- (a) A law requiring the M. D. degree from a reputable medical college before being admitted to the licensing examination for the practice of medicine.
- (b) A law requiring the reporting of births and deaths of the entire state.
- (c) A law increasing the appropriation from \$8,000 to \$22,500 per annum.
- 2. The State Board of Health has promulgated a sanitary code regulating the sanitary conditions of hotels, restaurants,

meat markets, dairies, depots, trains and other places of public utility, and also relative to vital statistics.

- 3. The following towns have passed ordinances requiring sanitary closets: Blue Mountain, Morton and Collins. During the year 727 sanitary privies have been built.
- 4. The work of the present year has shown a decided gain as compared with that of last year. The entire scope of the work of the State Board of Health has been enlarged, which is evidenced by the fact that when the campaign was started for the eradication of hookworm disease in June, 1910, the quarters of the State Board of Health consisted of two rooms. and there was but little equipment with which to work. There was no State Board of Health laboratory, and the Bureau of Vital Statistics had not been created by legislative enactment. Very little attention had been given to municipal inspection, and the improvement of the sanitation of towns and cities throughout the state. The citizenship of the state, in large measure, had given but little consideration to questions of public health of state-wide importance. The organization of the health interests of the state was practically untouched and the various agencies that can be used for the advancement of a higher order of civilization by the improvement of the sanitary environment of the people of the state had not been enlisted in this important and far-reaching movement.

There has come a change in the affairs of the state, and today the quarters of the State Board of Health consist of the entire floor of one of the main office buildings of Jackson. There is a splendidly equipped laboratory, which is well manned, and during its second year of existence 4,491 specimens of typhoid fever, tuberculosis, malaria, hookworm and other diseases have been examined. The Bureau of Vital Sta-

tistics has been organized upon a most efficient basis and is in charge of a well trained statistician who is securing results. The position of Chief Sanitary Inspector has been created, the purpose of which is to have a competent physician and sanitarian inspect systematically all towns and cities of the state of 500 inhabitants and over. This position was filled on June 1st, and since that time an aggressive and most effective campaign has been waged for improving municipal sanitation. It is the subject of general comment that marked results have been achieved and much improvement effected in the sanitation of hotels, restaurants, meat markets, slaughter-houses, dairies, depots, railroad coaches and other places of public utility. There is perhaps no Southern state doing this work more systematically than is being done in Mississisppi.

- 5. The standard of the medical profession has also been elevated by the enactment of a law requiring every student of medicine to have a medical degree from a reputable medical college before being allowed to practice. The State Board of Health is also vigilant and thoroughly imbued with the idea of protecting the standard of the medical profession.
- 6. In general the health interests of the state have been thoroughly organized, and today there is perhaps no community or portion of the state that has not been awakened to the importance of a higher type of citizenship as a result of an improved sanitary environment. The various agencies of the state have been enlisted as never before in a state-wide campaign for the betterment of the health conditions of all the people, and, as a consequence, results have been accomplished.

NORTH CAROLINA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in Sq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.
Anson	461	25,465	1,345	427	32
Beaufort	819	30,887	423	280	66
Bertie	б18	23,039	1,539	743	48
Bladen	900	18,006	257	131	50
Buncombe	520	49,798	1,103	257	23
Carteret	520	13,776	1,333	8бо	54
Catawba	440	27,918	1,119	514	45
Chowan	240	11,303	544	220	40
Cleveland	420	29,494	2,532	1,036	40
Craven	900	25,594	1,509	828	54
Edgecombe	515	32,010	1,149	421	38
Franklin	420	24,692	855	296	34
Gaston	346	37,063	2,763	1,130	41
Gates	360	10,455	889	318	35
Greene	300	13,083	544	270	49
Harnett	840	22,174	763	362	47
Henderson		16,262	811	481	58
Iredell	650	34,315	1,976	537	27
Jones	450	8,721	791	452	57
Lee	360	11,376	742	520	70
Lenoir			633	315	48
Lincoln		17,132	2,209	853	39
Martin	500	17,797	457	227	47
Nash	520	43,727	1,448	731	50
New Hanover.	199	32,037	268	147	51
Richmond		19.673	1,600	650	40
Rutherford	470	28,385	1,215	622	51
Scotland	387	15,363	195	74	38
Stokes	500	20,151	1,222	946	· 78
Surry	600	29,709	1,699	1,002	59
Wilkes		30,282	1,429	1,121	77
Wilson		24,269	1,576	876	55
Yadkin		15,428	1,443	1,098	76

137,845

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

		NUMBER OF PR	IVY TYPES,	
County.	D	E	F	Total.
Anson. Beaufort. Bertie. Carteret. Chowan. Craven. Franklin. Gates. Henderson.	2	141 222 283 88 117 159 71 216 52	94 341 172 62 137 204 95 195	235 563 455 150 256 363 166 411
Lee. Martin. Nash. New Hanover. Richmond. Scotland. Stokes. Surry. Watauga.	2	160 257 113 203 80 195 88 124	97 247 74 154 102 199 339 485 120	257 504 187 357 184 394 427 609 159
WilkesYadkin	2	144 32	314 267	460 299
II. Getting the peop	ole tre	ated.		
1. Enlisting the physic	ians:			
(2) Number of (3) Number of (4) Number of (5) Number of (6) Number of (7) Number of	physicia lectures physicia circular orescrip physicia	ns in state ns personally v to physicians ns thus reached letters sent to tion pads sent to ns treating the treated by physicians.	physicians physicians disease	1,145 10 168 8,622 330 1,307
2. Getting the people t (1) Number of s (2) Number of Clin Mic	schools : persons nically	inspected	1,978	3

(3) Number of persons treated by field force.....

EXAMINATIONS.

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ork
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		NORTH CAROL	INA.	
Total.	3,865	2,303 4,335 2,632 7,846 5,007 5,347 3,444 2,016	32,930	2,613 2,669 1,236 1,465 3,581 973 4,277
Clinical Pos. Neg.)	1,028	1,028	
Clini Pos.	4	797	797	e ен
Microscopic Pos. Neg.	2,063	191 1,660 1,566 3,450 3,188 2,431 1,584 1,088	15,158	1,472 1,475 1,475 796 876 2,584 835 3,469
Micros Pos.	1,758	287 2,675 1,066 1,396 1,819 2,916 1,860	15,947	1,138 1,194 440 590 994 137 808
Duration of campaign.	7 weeks	3 weeks 9 weeks 6 weeks 6 weeks 6 weeks 7 weeks 9 weeks	42 weeks	8 weeks 4 weeks 5 weeks 6 weeks 6 weeks 9 weeks
Expenditures.	\$250 00	133.45 248.57 252.00 300.00 275.00 238.05 199.60 158.00	\$1,804.67	191.13 150.00 140.40 158.20 238.86 190.57 256.86
Amt. of Co. app.	\$250.00	300.00 300.00 250.00 300.00 275.00 250.00 250.00	\$2,125.00	300.00 200.00 200.00 200.00 250.00 250.00 250.00
Doctor and county.	(Dr. Page.) Johnson	(Dr. Pridgen.) New Hanover* Beaufort Wake Wilkes Surry. Yadkin Stokes	Totals	(Dr. Strosnider.) Craven Carteret Greene Lenoir Burke Yancey

Total.	4,069 3,308 6,498 5,066 3,066 3,009	27,166	2,034 2,447 2,615 2,005 7,247 5,084 893	23,897 3,716 6,031 1,994 1,712 1,712	
Clinical Pos. Neg.	33	33	•		
Clin Pos.	1 1	96			
Microscopic Pos. Neg.	2,521 1,916 2,138 4,721 3,283 1,710 2,423	18,712	1,089 1,535 1,598 1,177 1,197 5,477 3,821 640	16,534 2,006 4,633 1,081 1,122 1,122 10,460 complete.	
Micro Pos.	1,448 618 1,170 1,776 1,783 971 971	8,352	486 499 849 1,438 808 1,770 1,263 250		
Duration of campaign.	10 weeks 6 weeks 6 weeks 8 weeks 7 weeks 8 weeks 5 weeks	50 weeks	2 weeks 7 weeks 6 weeks 5 weeks 6 weeks 6 weeks	41 weeks 7,363 6 weeks 1,710 6 weeks 1,398 6 weeks 913 6 weeks 330 3 weeks 350 27 weeks 4,941 **Work not yet	
	н -	i ru		4 10	
Expenditures	\$283.46 268.41 196.29 294.48 252.73 230.46	1,748.14	148.95 140.35 194.33 171.14 130.05 299.38 299.08 185.08	\$1,568.36 223.70 248.06 192.80 236.99 199.15 \$1,100.70	
Amt. of Co. app.	\$283.46 268.41 200.00 294.48 252.31 250.00	\$1,748.66	200.00 200.00 200.00 200.00 200.00 250.00 300.00	\$1,849.38 250.00 250.00 250.00 250.00 250.00 250.00 250.00 1250.00	•
Doctor and county.	(Dr. Covington.) Bertie Edgecombe. Nash. Catawba Caldwell. Richmond.	Totals	(Dr. Hughes.) Chowan* Gates. Martin Duplin Jones. Cleveland. Rutherford	Totals \$1,849.38 (Dr. Leonard.) Wilson. Gaston. Gaston. RcDowell. Buncombe. Z50.00 Henderson** Totals \$250.00 Z50.00 Z50.00 And	•

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72		NORTH CAR	OLINA.	
Total.	5,503	3,865 32,930 16,815 27,166 23,897 15,401 8 010	128,084	Amount expended. \$3.315.66 8,432.91 \$11,748.57
Clinical		1,028	1,061 250.00 250.00 250.00	Imount e
Clir Pos.		4407 7009	917 saries:	
Microscopic	4,144 768 1,302	2,063 15,158 11,507 18,712 16,534 10,460 6,214	80,648 for dispens	ked)
Micro Pos.	1,359	1.790 1.758 15.947 5.301 8.352 7.363 4.941	45,458 8c waiting list for diaywood	vorked) ot yet wor Dr. Jacoch
Duration of campaign.	8 weeks 4 weeks 5 weeks	7 weeks 7 weeks 43 weeks 50 weeks 41 weeks 27 weeks	are now on v	(Counties worked)
Expenditures.	\$277.59 142.43 215.00		\$8,432.91 22 Ty appropriation and an \$250.00 250.00 250.00	Available. (1911)\$4,300.00 (1912) \$4,300.00 (1912) 1,700.00 (1912) \$15,579.90 (1912)\$15,579.90 (1912)
Amt. of Co. app.	\$250.00 200.00 250.00	\$250.00 2,125.00 1,656.86 1,748.66 1,849.38 1,250.00	Totals \$8,432.9r \$27 weeks 45,458 80,648 9 Counties which have made necessary appropriation and arc now on waiting list for dispensaries Wilson \$250.00 Haywood Forsyth 250.00 Person Hoke Vance Union 250.00	Available. Amount of county appropriations (1911)\$4,300.00 Amount of county appropriations (1912)\$5,300.00 Amount of county appropriations (1912)1,700.00 Totals\$15,579.90 *Dr. Page resigned February 17; Dr. Leonard began work May 1; Dr. Jacocks began August 1.
Doctor and county.	(Dr. Jacocks.) Lincoln Watauga Franklin	Summary. Dr. Page* Dr. Pridgen Dr. Strosnider. Dr. Covington Dr. Hughes Dr. Leonard* Dr. Jacocks*.	Totals Counties wh Wilson Forsyt Hoke Union	Amount of cou Amount of cour Amount of cour Totals

Total number 9 of treatments.	Q	1,802		1,084	2,0/5 2,128	2 9,983	4 978	7.759	4,692	2,263	2 35,562			2,643	2572	1,003	1,334	183	2,110		629,11
∞						61	I				3									-	
						9	н	6			91										
es treated 6				,	→	20	12	22	I		26										
s and time 5		ı		٧	91	199	36	47	∞	CI	314						16)	3		61
Number of persons and times treated.	•	m		∞ ;	51 40	621	212	222	27	30	1,220			72	01	21	2 6	Իւտ	52		227
Number 3	;	17		36	659 606 806	2,825	1,549	2,450	1,533	727	10,321			575	543	247	27.2	13	51+		2,398
01	i	74		260	020 020	2,877	1,577	2,476	1,538	729	10,945			854	825	355	704 P	25.25	733		3,846
Doctor and county.	e.)	Johnson1,706	(Dr. Pridgen.)	New Hanover* 780	Deaulott1,190 Wake 705				Stokes	Lee 775	Totals12,685	•	(Dr. Strosnider.)	Çraven 1,142	I,		Burke 002				Totals 5,189

74	NORT	H CAROLINA.
Total number of treatments.	2,610 1,344 2,248 3,362 3,610 2,153 1,401	648 853 1,613 2,704 1,492 3,852 2,769 474
6		
_∞	1.	
^	K K	
Number of persons and times treated.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H
and tir	10 10 33 21 22 22 26	44 11 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2
of persons	51 7 7 29 81 100 142 111 521	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Number 3	349 271 286 385 653 399 298	27 79 231 341 196 703 453 57 2 087
4	661 427 752 1,130 1,069 594 381 	133 264 499 886 469 1,294 161 161 17.
ĭ	1,549 639 1,170 1,756 1,767 965 588 588 8.434	487 499 8499 849 1,438 808 1,770 1,262 249 7,362
Doctor and county.	(Dr. Covington.) BertieEdgecombe NashCatawbaCatawba CaldwellRichmondAnson	(Dr. Hughes.) Chowan* Gates. Martin. Duplin. Jones. Jones. Rutherford. Scotland. Totals. *Part of work reported last year.

		2,02,1			15
Total number of treatments.	3,471 3,774 2,316 921 820	11,302	3,433 1,229 4,694	1,802 35,562 11,679 16,728 14,405 11,302	96,172
6				"	61
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es treatec 6	н	"		56 15 1	73
Number of persons and times treated.	4 4 H	0		314 199 27 29	465.
r of perso	10 26 24 1	19	4 I V	3 1,220 227 521 521 524 61	2,261
Numbe 3	799 1,035 641 290 75	2,840	881 8 387 1,276	17 10,321 2,398 2,641 2,087 2,840 1,276	21,580
9	1,111 1,210 743 301 189	3,554	1,087 8 401 1,496	74 10,945 3,846 5,014 4,704 3,554 1,496	29,633
I	1,546 1,503 904 328 556	4,837	1,461 16 440 1,917	1,708 12,685 5,189 8,434 7,362 4,837 1,917	42,132 plete.
Doctor and county.	(Dr. Leonard.) Wilson. Gaston. McDowell. Buncombe. Henderson*	Totals	Lincoln Watauga Franklin Totals	Summary. Dr. Page Dr. Pridgen. Dr. Strosnider. Dr. Covington. Dr. Hughes. Dr. Leonard. Dr. Jacocks.	Totals

Comparative Summary.

PERSONS TREATED,

	By p	hysicians.	By staff.	Total.
1910		8,000		8,000
1911		16,709	29,172	45,881
1912		15,859	42,132	57,991
Totals		40,568	71,304	111,872

MICROSCOPIC EXAMINATIONS.

	Laborator	y. Co. dispensaries.	I otal.
1910	7.949		7,949 37,328
1911	20,115	17,213 126,106	37,328
1912:	9,761	126.106	135,867
Totals	37,825	143,319	181,144

106,73

137.845 15,859 42,132

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Laboratory
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Quarter ending.

Total	,	192,6	3,037	6,733	2,294	502	174	134	46	rU,	9	61	
Dec.	31	1,503	409	1,107	335	29	30	3	7	I	0	I	
Sept.	30	2,122	572	1,550	427	95	8	0	23	I	61	I	
June.	30	2,870	852	2,027	718	102	32	ıΩ	14	33	3	0	
March.	31	3,266	1,217	2,049	814	336	46	126	6	0	H	0	
•		Number of specimens examined	Showing some form of infection	Number of specimens negative	Specimens showing hookworm ova	Specimens showing ascaris*	Specimens showing hymenolepis	Specimens showing trichocephalus	Specimens showing strongyloides	Specimens showing oxyuris	Specimens showing T. saginata	Specimens showing balantidium	

Summary: ń

Number treafted by physicians.

Number treated by staff Number of persons examined E @ E

Total number treated......

*The infection by intestinal parasites other than the hookworm are given in this report for 9,761 laboratory examinations, but not for the 126,106 examinations made in the field. The hookworm infection in the laboratory is 23%; in the field 35%. This ratio for the other intestinal infections will certainly hold for the field work. The ascaris indeed seems to be even more prevalent.

III. Educating the people in sanitation.

ī.	By public lectures:
	(1) Number of public lectures delivered
2.	Through the schools:
	(1) Number of teachers reached by visit
	citizens by letters numbering more than 20,000 (3) They have also distributed handbills numbering more than
3.	By bulletins, leaflets and other literature:
Ü	(1) Number of bulletins distributed (hookworm dis-
	ease)
	ease) 45,246
	(3) Number of hookworm pamphlets distributed 75,619 (4) Number of sanitary privy pamphlets distributed. 58,865
	(5) Number of pieces of other State Board of
	Health literature distributed135,000 plus
4.	
	(1) Number of papers in state
	(2) Number of papers personally visited
	(4) Number of letters to press 2.300
	(5) Number of articles furnished for publication 319 (6) Other literature or letters:
	Letters to superintendents of schools 209 Letters to county commissioners 482 Letters to registers of deeds

IV. Notes on work of the year.

I. The North Carolina campaign against hookworm disease for 1912 has progressed with gratifying results along lines similar to those pursued the latter months of 1911. In that division of the work directed to the treatment of sufferers the people three years ago were found ignorant of the disease or apathetic toward it. They have progressed rapidly through a conversant stage and are now in the midst of a stage of activity. This means that something definite, something worth while, is being accomplished. Generally speaking, we regret

^{*}Does not include dispensary lectures.

to say that in matters pertaining to preventing the disease by stopping soil pollution the people have not yet proceeded beyoud the conversant stage, but at the same time the progress made has been remarkable.

- 2. For every day of the year 1912, excepting Sundays, an average of 434 persons have been microscopically examined, making a total of 135,867 persons; and to the 42,132 of these found infected, 96,176 treatments have been dispensed by members of our staff who, in no instance, made a charge or accepted pay from the patients.
- 3. Of 1,700 active physicians in the state 1,307 have sent in reports indicating that they have treated during the year 15,859 persons. Their work, added to that of the State Board of Health's staff, gives 57,991 persons treated. For 1910 the number was 8,000; for 1911 it was 45,881. To date treatment has been administered to 111,872 persons.
- 4. The number of microscopic examinations was, for 1910, 7,949; 1911, 37,328; 1912, 135,867, a total to date of 181,144 examinations.
- 5. The number of microscopic examinations made, rather than the number of persons treated, affords the best index as to the progress of the work, because in lightly infected areas there may be great enthusiasm and an immense amount of work done, and yet the number actually found infected may be comparatively small. In Yadkin county, for example, 34 per cent of the entire population was examined; in Lincoln county, 32 per cent; in Wilkes, 25 per cent, and to examine one person out of every five living in a county is not unusual. In lightly infected counties greater effort is required to get the people to come to the dispensaries.

- 6. The counties appropriate \$200 to \$300 to pay for advertising the county campaign; the cost of medicine; the tin boxes for the specimens, and the traveling expenses of the microscopists. Thus far 60 counties have appropriated \$15,579.90, an average of \$259.66 per county. In working in 54 counties \$11,670.57 of county funds have been spent, an average of \$216.12 for each county. Nothing in excess of what was actually used was drawn out of the county treasury. Six counties are now on the waiting list to have the dispensary work; and Wilson county has made a second appropriation to have the work renewed. Commissioners in quite a number of counties have expressed a desire to have the work a second time.
 - 7. The growth of this feature of the work is interesting:

No. of co ties mak appropr tion.	ring ia-	Amount of county funds made available.	county funds actually
191117		\$4,300.00	\$3,315.66
191243	(for counties completed)	9,529.90	8,354.91
	(counties on waiting list)	1,750.00	
	r		
60		\$15,579.90	\$11,670.57

- 8. The personnel of those who are engaged in this work is given on page 8 of this report. Two physicians and two microscopists are paid by the state; the others are paid with funds furnished by the Rockefeller Sanitary. Commission through the State Board of Health.
- 9. The work accomplished stands as the best evidence that every organized agency is taking a hand in the work. The press has encouraged the work in many ways, the educational

forces have been active, and the doctors as a rule have been enthusiastic and magnanimous in their attitude. The work accredited to them in this report tells of but a small part of what they have done. The County Commissioners have listened to the appeal of the helpless and made this great free work possible. Numerous specific statements from them and from doctors who have seen the work in progress have been printed in a small pamphlet and will be gladly sent to any one on request to the State Director.

SOUTH CAROLINA.

I. State surveys by counties.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County.	Area in Sq. miles.	Population.			Perctg. of infection.
Dillon			496	292	57
Horry	1,075	23,364	375	222	57 86
Marlboro	509	27,639	234	104	43
Oconee	641	23,634	256	95	43 38
Orangeburg		59,663	647 788	352	54
Spartanburg	762	65,560	788	245	31

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

			Туре	of Pr	RIVY.		
County.	A	\mathbf{B}	C	D	E	F	Total.
Calhoun			•		98	109	207
Chester	4		2	IO	144	52	212
Chesterfield	3				124	148	275
Colleton					89	129	218
Darlington	4				260	223	487
Dillon					181	136	317
Florence					89	115	204
Georgetown					69	131	200
Horry		I			46	290	337
Edgefield					157	119	276
Lancaster					108	150	258
Laurens					104	101	205
Marlboro	4				156	129	289
Oconee					67	138	205
Orangeburg					141	152	293
Sumter					120	80	200
Williamsburg					89	144	233
York					106	117	223

II. Getting the people treated.

1. Enlisting the physicians:

(1)	Number of physicians in state	1,113
(2)	Number of physicians personally interviewed	411
(3)	Number of lectures to physicians	10
(4)	Number of physicians thus reached	1,200
(5)	Letters and circulars sent to physicians	3,200
(6)	Number of bulletins sent to physicians	500
(7)	Number of physicians reporting treating disease	624

2.	Getting the people to seek examination and treatment:
	(I) Number of schools inspected 53
	(2) Number of persons examined clinically42,502
	(3) Number of persons examined microscopically13,872
	(4) Total number of persons examined 76.274

3. Work of county dispensaries:

	Amount	Amount	Duration of
County. a	ppropriated.*	used.	campaign.
Bamberg	\$50.00	\$18.00	6 weeks
· Calhoun	. 50.00	24.75	6 weeks
Chester	. 50.00 *	30.00	6 weeks
Chesterfield		30.00	6 weeks
Colleton	. 50.00	59.42	5½ weeks
Darlington	. 50.00	49.50	8 weeks
Dillon	. 50.00	13.50	9 weeks
Edgefield	. 50.00	15.75	6 weeks
Florence	. 50.00	56.25	7 weeks
Georgetown		9.90	12 weeks
Horry		73.95	9 weeks
Lee		32.00	6 weeks
Lexington	. 50.00	25.00	6 weeks
Marlboro	. 50.00	9.00	6½ weeks
Oconee		20.00	8 weeks
Orangeburg	. 50.00	51.20	10½ weeks
Richland	. 50 00	9.90	7 weeks
Spartanburg	50.00	30.00	6 weeks
Sumter	. 50.00	15.75	7 weeks
Williamsburg	. 50.00	27.00	6 weeks

*Money could be appropriated to defray cost of medicine only. When appropriation was exceeded, deficit was made good by county.

Doctor and county.	Num	ber of p	ersons 3	and tim	es treat 5		people	Total No. treat- ments.
(Dr. Rout	h.)							
Calhoun Colleton Edgefield Orangeburg. Bamberg	809	271 459 82 638 386 	82 360 10 344 116	6 27 1 40 19	2 6 8	I	1,032 2,081 571 3,650 809 8,143	1,391 2,929 664 4 672 1,337
Totals	0,143	1,030	912	93	0	1	0,143	10,993
(Dr. Riser Chester Lexington	798 747	194 506	139 451	10 312	2		798 747	1,141
Totals	1,545	700	590	322	2		1,545	3,159

(Dr. Rodge	rs.)								
Chesterfield. Darlington Dillon	1,788 3,711 695	654 1,050 136	538 591 195	470 65 56	27		1,788 3 711 695	3,477 5,417 1,082	
Marlboro Oconee Richland	244 788 151	45 536 136	30 430 126	6 383 6	17	1	244 788 151	325 2,155 419	
Totals (Dr. Howe		2,557	1,910	986	44	I	7.377	12,875	
Florence Horry	2,228 2,224 1,009 442	702 1,033 679 400 686	612 697 444 359 457	22 143 191 288 59	3 5 20 16 8	1 3	2,228 2,224 1,009 442 1,728	3,567 4,102 2,434 1,505 2,941	
Totals	 7,631	3,500	2,569	703		4	7,631	—— 14,549	
(Dr. Weint Georgetown Sumter	nerg.) 118 366	68 216	38 105	19 30	5		118 366	243 722	
Totals	484	284	143		5		484	965	
4. Labor		. *							
5. Summary: (1) Number of persons examined									
III. Educ	ating	g the	people	e in sa	anitati	on.			
		ectures							
	Estin	mated		of pe	ersons	reached	d by the		
2. Through the schools: (1) Number of teachers in the state									
3. By bu	lletins Nun	, leafle ber of	ts and s	special ins	literatu: leaflets	re : distril	buted	. 100.100	
4. Throu (1) (2) (3)	(1) Number of bulletins and leaflets distributed100,100								

IV. Notes on work of the year.

1. The 1912 legislature enacted the following law:

"Sec. 1. Be it enacted by the General Assembly of the State of South Carolina that the Executive Committee of the State Board of Health shall have the power to make, adopt, promulgate and enforce reasonable rules and regulations from time to time requiring and providing for the thorough sanitation and disinfection of all passenger cars, sleeping cars, steamboats and other vehicles of transportation in this state. and also of all convict camps, penitentiaries, hotels, schools and other places used by or open to the public; to provide for the care, segregation and isolation of persons having, or suspected of having, any communicable, contagious or infectious disease; to regulate the method of disposition of garbage or sewage and any like refuse matter in or near any incorporated town, city or unincorporated town or village of the state; to provide for the thorough investigation and study of the causes of all diseases, epidemic and otherwise in this state, and the means for the prevention of contagious disease, and the publication and distribution of such information as may contribute to the preservation of the public health and the prevention of disease; to make separate orders and rules to meet any emergency not provided for by general rules and regulations, for the purpose of suppressing nuisances dangerous to the public health, and communicable, contagious and infectious diseases and other dangers to the public life and health;

Provided, however, That nothing herein contained shall be construed as in any way limiting any duty, power or powers now possessed by or heretofore granted to the said State Board of Health or its Executive Committee by the Statutes of this state, or as affecting, modifying or repealing any rule or regulation heretofore adopted by said Board.

A violation of any rule is punishable by a fine of \$100 or 30 days' imprisonment.

TENNESSEE.

I. State survey by counties.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County	Area in Sq. miles.	Population.	Number examined.	Number in fected.	Perct. infected.
Carter	345	16,688	200	131	65
Johnson		10,589	200	34	10.7
Washington		22,604	200	42	.21
Cumberland	548	8,311	200	143	61
Putnam	430	16,890	243	111	45.6
Jackson	325	15,039	202	143	48.9
McMinn	437	19,163	521	282	54.1
Franklin	.,,. 610	20,392	210	69	32.8
Hamilton	427	51,695	646	165	24.0
Marion	504	17,271	434	166	38.o

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

Type on Drivy

		T 4 1'F,	Ob. T.1	KIVY.	
County.	C	D	E	\mathbf{F}	Total
Carter	0	10	72	109	200
Johnson	1	18	93	88	200
Washington	3	32	71	94	200
Cumberland		00	10	258	268
Putnam		00	00	202	202
Jackson		00	30	170	200
McMinn	0	2	76	121	200
Franklin	0	I	106	121	228
Hamilton	0	0	78	128	206
Marion	0	О	25	175	200

II. Getting the people treated.

I.	Enlisting the physicians:	
	(1) Number of physicians in state 3	.449
	(2) Number of physicians personally visited	940
	(3) Number of lectures to physicians	22
	(4) Number of physicians thus reached	
	(5) Number of circular letters to physicians 8	,784
	(6) Number of bulletins sent to physicians	,051
	(8) Number of persons treated by physicians	279 584

- 2. Getting the people to seek examination and treatment:
 - (1) Number of schools inspected238(2) Number of homes inspected2,765

(3) Number of families examined						
Work of county disper	nsaries	:				
County.		Amt	of A	ppro.		Ouration of Campaign.
Clay. Carter. Johnson Washington White. Cumberland Putnam McMinn Marion Franklin Hamilton			\$25.00 100.00 200.00 200.00 150.00 150.00 150.00 150.00			30 days 47 days 48 days 32 days 22 days 43 days 35 days 40 days 59 days 8 days
			150.00	-		59 days
Totals	• • • • • •	\$1,	375.00	•		423 days
3. Work of county dispersions and County and Doctor I 2.			ed. 5	6	Total No. people treated.	Total No. treat- ments.
Clay	95 12 1 16 5 28 50 00 9 0 145 7 47	24 3 3 2 0 0 0 0 0 0 0 0 0 14	5 2 2 0 0 0 0 0 0 0 0 0 0 0	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	885 537 220 492 59 12 37 31 68 160 514 73 421 69 264	1,388 943 547 732 82 52 58 90 163 166 719 89 850 163 514
Totals 3,842 1,933	651	50 .	13	4	3,842	6,556
4. Report of Laboratory. (1) Total number of specimens examined						

	(5) Number containing Ascaris lumbricoides. 165 (6) Number containing Taenia nana 36 (7) Number containing Taenia saginata. (8) Number containing Amoeba coli 76 (9) Number containing Strongyloides intestinalis 17 (10) Number containing Fly larvae 17 (11) Number containing Bacillus tuberculosis 5						
5.	Summary: (1) Number of persons examined 33,612 (2) Number of persons treated by physicians 584 (3) Number of persons treated by staff 4,579 (4) Number of persons treated 5,103						
III.	III. Educating the people in sanitation.						
I.	By public lectures: (1) Number of public lectures delivered						
2.	Through the schools: (1) Number of teachers in state						
3.	By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed59,797						
4.	Through the press: 252 (1) Number of papers in state						

IV. Notes on work of the year.

r. The State and District Directors have been received by the physicians of the State with uniform kindness and a number of physicians have been very active in their support. It is known that many cases of hookworm disease are being treated by individual physicians after clinical diagnosis and we get no direct reports of most of these cases. In fact, we have been able to get very few reports of cases treated from the doctors of the State. However, it is believed that the medical profession of Tennessee, taken as a whole, is sup-

porting our work and we make grateful acknowledgement of the help that has come to us from this source.

- 2. It has been a constant aid to take advantage of every opportunity to get into touch with the people. The dispensaries have been our most valuable aid to this end and they have accomplished as much as could reasonably be expected. Five counties made appropriations for the free dispensaries in 1911 and 15 are now on the list, 10 having been added in 1912. Some question has been raised in a number of counties as to the legal right of the county courts to appropriate moneys for dispensary purposes. In some of the counties appropriations can be made at only one sitting of the court in the year, and none of the courts sit oftener than once in three months. These courts are generally large bodies and the amount of work necessary to get the matter of appropriating money before them with a reasonable promise of successful outcome is not an insignificant matter. The average time consumed in the operation of the dispensaries has been greater than we would have it be, but the effort has been to do the work thoroughly and with fairness to every part of each county.
- 3. The schools of the State have had their doors open to us. The State Superintendent of Public Instruction, the Assistant Superintendent, the State High School Inspector, the Presidents of the three State Normal Colleges, County Superintendents and other educational officers have been our active allies and have encouraged our work in every possible way. The State and District Directors have been given prominent places on the programs of Teachers' Institutes, Educational Rallies and other meetings of public nature. The County Superintendents have usually accompanied the field men

through their respective counties; County Boards of Education have lent encouragement, and the teachers have nearly all done what they could to help.

- 4. The Board of Education of the progressive little mountain city of Cookeville, in Putnam county, headed by Dr. W. Scott Farmer, has expended \$1,500 for sanitary improvement and has established a course of Hygiene and Sanitation in the schools. This course is conducted by Dr. Farmer and other local physicians, and visiting speakers are impressed into service to help the good work along. Drs. Breeding and West have been allowed to help in this movement. The benefits are already apparent, more than two hundred of the children having been examined for hookworm disease and the medicine for treating those found infected has been given them. This places Cookeville in the lead of other cities of the State of like size in the matter of sanitary improvement in the schools.
- 5. The little city of Jellico, another mountain town, in Campbell county, has made great improvement in the city school, having put in a sewer system connected with the new city sewer. Medical inspection has been carried out in the Middle Tennessee Normal College, located at Murfreesboro. The examination of the students of the State institution for the blind is now under way. The famous Webb School, at Bell Buckle, has been examined for the second time. Part of the student body at Castle Heights School at Lebanon has been examined. An orphanage located in a Middle Tennessee town has had all of the children examined and treatment was given to all infected individuals.
- 6. A special train for educational purposes was operated over all the railroads of the State by the State Department of Agriculture and the various railroad companies. One car in

this train was given over to public health demonstrations and an exhibit on hookworm disease and sanitation was given a prominent place. This car was visited by 200,000 persons and the hookworm exhibit attracted wide attention.

- 7. Bulletins and leaflets have been widely distributed throughout the whole State and many more requests for literature have been received this year than ever before. Tennessee Senators and Congressmen have supplied us with generous supplies of literature which has been used to good advantage.
- 8. The Farmers' Institutes, conducted by the State Department of Agriculture in the three Grand Divisions of the State, are large and influential bodies and the attendance has been larger this year than ever before. The State Director has appeared before all these institutes. The Department of Agriculture has been most kind and helpful and has made it possible for our work to be brought directly to the attention of great numbers of our people.
- 9. County health officers in Tennessee are doing better work than has heretofore been done. The State Health Officers' Association in April was addressed by Doctors Rose, Freeman, Porter, Leathers and Stiles of the Commission's forces. The meeting was a grand success and foretold good things for the future.
- 10. Because of an absolute lack of funds since March 1st the State Board of Health has been unable to furnish the financial assistance extended in former years. The Secretary of the Board, Dr. R. Q. Lillard; the Assistant Secretary, Dr. H. H. Shoulders, and all employees of the State Board of Health have done whatever they could to further our work and have extended every courtesy to the Assistant Secretary.

TEXAS.

I. State survey by counties.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

County and Doctor.	Area in sq. mile	es. Pop.	Number examined.	Number infected.	Per cent. infected.
Jasper (Ferrell Angelina (Ferr		7,138 13,481	1,016 1,096	603 820	59.3 74.8
Hardin (Ferrel	1) 844	5,049	1,114	669	60.6
Montg'ry (Hoc	h). 1,066	17,067	999	700	70.7

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

			Typi	OF	Priv	Y.	
County and Doctor.	A	В	C	D	E	F	Total No. inspected.
Jasper (Ferrell)	0	0	0	0	9	220	229
Angelina (Ferrell)				0	48	135	183
Hardin (Ferrell)	0	0	О	0	48	253	301
Montgomery (Hoch)	0	I	0	8	90	410	509

II. Getting the people treated.

	0~
(1) Number of physicians in state	
(2) Number of physicians personally interested	490
(3) Number of lectures to physicians	3
(4) Number of letters and circulars sent to physicians.	6,422
(5) Number of bulletins sent to physicians	2,500
(6) Number of physicians now treating the disease	519.
(7) Number of persons treated by physicians	3,210

2. Getting the people to seek examination and treatment:

tetting the people to seek examination and treatment.	
(1) Number of schools inspected	25
(2) Number of homes inspected	
(3) Number of families examined	
(4) Number of persons examined clinically	0
(5) Number of persons examined microscopically	
(6) Number of specimens positive	4,262
(7) Total number of persons examined	
(8) Number of persons treated by field force	4,262
(9) Total number of persons treated on record	

3. Work of county dispensaries:

County and	Amt. of		Duration of
Doctor.	Appro.	Expenditures.	Campaign.
Jasper (Ferrell)	\$300.00	\$220.40	6 weeks
Angelina (Ferrell)	300.00	266.80	6 weeks
Hardin (Ferrell)		285.00	6 weeks
Montgomery (Hoch)	300.00	287.77	6 weeks
Totals	. , \$1,200.00	\$1,059.97	24 weeks

County and		ersons and treated.			Total No.
Doctor.		3	4	Jacob	ments.
Jasper (Ferrell) 8	03 264	65		803	1,133
Angelina (Ferrell) 1,0	81 303	43	0	~~	1,427
Hardin (Ferrell),1,1	40 339	33	0		1,512
Montgomery (Hoch)1,2	38 147	21	I	1,238	1,407
Totals 4,2	52 1,053	163	I	4,262	5,479
4 Report of Laboratory. (1) Total number (2) Number contai (3) Number contai (4) Number contai (5) Number contai (6) Number contai (7) Number contai	of specimoning hook ning Trice ning Hymning Taes ning Asca	tworm ov ocephalus nenolepsis nia sagina nis	a		160 10 7 6
5. Summary: (1) Number of per (2) Number of per (3) Number of per (4) Total number of	sons trea	ted by pł ted by sta	ıysiciaı ıff	ns	3,210
III. Educating the per	ople in	sanitatio	on.		
 By public lectures: (1) Number of public lectures Estimated num 	olic lecture ber of pe	es delivere rsons reac	ed ched		138
2. Through the schools: (1) Number of tea (2) Number of tea (3) Number of tea (4) Number of tea (5) Number of tea	chers rea chers rea chers rea	ched by v ched by l ched by l	risit etter . oulletin		98 230
3. By bulletins, leaflets a				istribut	ed38,956
4. Through the press: (1) Number of pa (2) Number of pa (3) Number of let (4) Number of art	pers perso ters to pr	onally visi	ited		27
TX7 Notes on seeds of	41				

IV. Notes on work of the year.

1. Every physician solicited has co-operated cheerfully in the work. In numerous places the doctors have devoted an entire day to bringing suspected carriers and sufferers to our dispensaries for examination and treatment. This active co94 TEXAS.

operation of the physicians has been of incalculable value in making the work a success.

- 2. Every school teacher and school trustee in the counties where the work has been carried on has been reached, either by personal visit or by letter. The response has been immediate and effective. In places entire rural schools of 25 or more pupils have been examined and from 25% to 100% of the children found infected. All the teachers are anxious to learn about hookworm disease and its prevention so that they may instruct their pupils in this matter.
- 3. With but singularly few exceptions the county officials are anxious to have the State make investigation among their people. This interest is evidenced by the fact that in six months 15 counties have made appropriation for the county dispensary.
- 4. The President of the State Board of Health and the State Superintendent of Public Instruction have endorsed a bill to be presented to the State legislature providing that all children attending the rural schools must be examined for hookworm infection once a year by the State Board of Health or present a satisfactory certificate showing that the child has been examined and been found free from infection.
- 5. The State Text Book Board has recently adopted a text book on hygiene, "The Human Body and Its Enemies," to be used in all the schools of Texas. This book contains an illustrated chapter on hookworm disease, its symptoms, treatment and prevention.
- 6. In Jasper county the Women's Clubs have recently carried on "Clean-up Crusades" in many of the villages and smaller towns. This followed in the wake of the campaign carried on by the Commission. The county health officers of Jasper, 'Angelina, Montgomery and Hardin counties are urging medical inspection of schools and laying particular stress upon hookworm disease.

VIRGINIA. 95

VIRGINIA.

I. State survey by counties.

I. Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country:

110111	iic count	· , .			
County. S	Area in iq. miles.	Population.	Number examined.	Number infected.	Perctg. of infection.
Bedford	. 729	30,356	251	5 7	22.7
Caroline	562	16,709	1,848	645	34.9
Essex		9.701	280	155	55-4
Franklin		25,953	883	378	42.8
Greenesville		9 758	326	212	66.5
Henry	. 425	19.265	1,287	635	49.3
Middlesex		8,220	252	65	25.7
Northumberland.		9,846	219	31	14.1
Patrick	. 489	15,403	954	636	66.6

2. Sanitary survey, based on an inspection of privy conditions at at least 100 country homes:

			Түре	of P	RIVY.		
County.	Α	В	C	D	\mathbf{E}	F	Total.
Albemarle	3			28	160	18	200
Amelia	•				138	67	205
Amherst				4	90	107	201
Appomattox				2	98	107	207
Bedford					19	132	151
Buchanan				5	87	174	266
Caroline	I			27	117	58	203
Chesterfield	1			39	152	15	207
Charles City				10	115	89	214
Charlotte	_			4	106	93	203
Culpeper	6			40	140	19	205
Cumberland				I	93	110	204
Dickenson				15	43	146	20.1 208
		I		12 6	145 101	50	200
Essex	2	2		51	139	95 14	202
Fauquier	3	~		43	156	14	216
Fluvanna	S	т		43 3.	105	96	205
Gloucester	5	1		3	113	82	200
Goochland	J			3	78	127	208
Greene	I			5	166	56	228
Greenesville					112	96	208
Hanover		6		3	147	58	214
Isle of Wight	2			5	126	76	209
James City	I			26	106	71	204
King and Queen					154	75	239

	Sanitary	Survey	(Contin	ued.)			
County.	A	В	` C	Ď,	E	F	Total.
Louisa	I			8	155	40	204
Loudon				49	150	8	211
Madison	I			10	172	31	214
Nansemond				10	130	61	201
Nelson				5 6	100	97	202
New Kent				38	122	78	206
Norfolk Nottoway				-	145 127	27 70	21 I 20 I
Orange				3 7	151	28	191
Prince Edward				í	115	90	206
Prince George				6	149	46	201
Prince William				31	144	37	212
Princess Anne				29	148	42	219
Powhatan				4	101	94	201
Rappahannock				15	172	32 67	222
Spotsylvania Surry				14 6	130 125	78	212 200
Sussex				5	125	81	212
Stafford				J	98	102	200
Warwick				22	123	66	211
Wise				8	124	95	227
York	2	1		16	127	67	213
II. Getting th	e people	treate	d.				
 Enlisting th 							
(1) Num	ber of ph	ysicians	in state				2 357
(2) Num	ber of ph	ysicians	personal	ly inte	rviewe	d	. 365
	ber of lec						
	ber of ph ber of cir	ysicians cular let	ters sent	to ph	vsician		560
(5) Num (6) Num	ber of bu	lletins se	ent to nh	vsician	S	3	8,900
	ber of ph						
	ber of per						
2. Getting the	peopie to s	seek exa	mination	and t	reatmei	nt:	
	ber of sch						340
(2) Num	ber of per	rsons ex	amined :				0.
		linically					
(-) 37		icroscop					
	ber of pe						
(4) Num	an dispens ber of per	aries	ntad bu	dispon	carios		5,317
	1 number						
		-	iis treate	u 011 1	ccora.		10,000
3. Work of con			_				
~	mt. of	Amour		ation o	_	xamin	
	Appro.	used.	car	npaign	. 1	Iic.	Pos.
(Dr. Brumfield.)							
Bedford \$10	00.00	\$100.00		weeks		363	361
Henry I	00.00	100.00	4 '	weeks	2,	563	912

(Dr. Fisher.) King and Queen Essex Gloucester 100.00			4 wee 4 wee 4 wee	ks	276 669 169	147 307 24
(Dr. Miller.) Franklin 100.00 Patrick 100.00 Caroline 100.00	10	00.00	5 weel 5 weel 5 weel	CS	4,659 3,77 6 4,8 54	1,195 1,666 1,044
Totals \$600.00	\$50	0.00	36 week	ks	18,329	5.656
Appropriations made but work not yet started: \$100 Appomattox \$100 Roanoke 100 Tazewell 100 Lee 100 Wise 100 Dickenson 100 Total \$600						
			sons and		•	Total No.
County and Doctor.	I	times ti	reated. 3	tre 4	eated.	treat- ments.
(Dr. Brumfield.) Bedford Henry	361 912	326 874	20 752		361 912	7 07 2,538
(Dr. Fisher.) King and Queen Essex Gloucester		140 62 2	19	4	147 307 24	310 369 26
	1,195 1,666 1,044	1,192 1,666 1,044	675 1,662 1,044	18	1,195 1,666 1,044	3080 4,994 3,132
Totals 5	5,656	5,306	4,172	22	5,656	15,156
4. Report of Laboratory: (1) Total number of specimens examined						
5. Summary: (1) Number of p (2) Number of p (3) Number of p (4) Total number	person person	s treate s treate	ed by phy ed by stai	sician f	s	1,627

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III. Educating the people in sanitation.

I.	By public lectures: (1) Number of public lectures delivered
2.	Through the schools:
	(1) Number of teachers in state9,000(2) Number of teachers reached by visit410(3) Number of teachers reached by letter950(4) Number of teachers reached by bulletins9,000(5) Number of teachers reached at institutes2,150
3.	By bulletins, leaflets and special literature: (1) Total number of bulletins and leaflets distributed.165,000
4.	Through the public press: (1) Number of papers in state

IV. Notes on work of the year.

- I. The State legislature enacted a law providing for the registration of births and deaths in Virginia.
- 2. The Virginia State Board of Health on January 10, 1912, promulgated the following regulation:

"Whereas, many public schools in Virginia are not provided with proper sanitary conveniences; and, whereas, such conditions are dangerous to the health of the pupils and to the public health,

"Therefore, be it ordered by the State Board of Health that from and after September 1st, 1912, no building shall be used for public school purposes in Virginia unless same shall be provided with two sanitary privies, built and maintained in accordance with the regulations of this Board.

"Be it further ordered that all officers and agents of this Board are ordered to proceed with the enforcement of this regulation in any case of violation of its provisions observed after September 1st, 1912."

VIRGINIA, 99

- 3. Every city in Virginia at the present time is making more or less effort to render sanitary every privy within their limits. Roanoke, Richmond, Lynchburg and Norfolk have practically achieved this end, and the work is now going forward in the rest of the cities. In the towns much has already been accomplished and progress is continuous and satisfactory.
- 4. The State Board of Education has approved and made part of the school law the regulations for the sanitation of schools promulgated by the State Board of Health. These have been transmitted officially to all county school boards. The progress already made is exceedingly encouraging, but exact details cannot be given, as the reports of the State Board of Education have not yet been compiled.
- 5. Number on record of sanitary privies built in rural districts 310. Several thousands have been built or rendered sanitary in cities and towns.
- 6. There has been a marked increase in the activity and efficiency of the county health officers throughout the State. In a number of counties salaries have been increased and sanitary work much extended.
- 7. Through the co-operation of the State supervisor of rural colored schools, February 12 was celebrated in the colored schools of 18 counties as Health Day. The Tuberculosis Catechism of the State Board of Health was taught in all the colored schools in these 18 counties to approximately 30,000 colored people. The supervisors of these 18 counties have agreed to secure two sanitary privies at each colored school. This work has made great progress during the year. Co-operation of the Negro Organization Society promises much for the improvement of sanitary conditions among the negroes.

100 VIRGINIA.

A definite scheme of work has been mapped out and is now being followed.

8. Strong effort has been made to secure the building of sanitary privies at railroad stations in the State. The Richmond, Fredericksburg and Potomac Railroad has already completed sanitary privies at each station. The Atlantic Coast Line Railroad has built an experimental LRS privy at Jarratt, Virginia, and has authorized the installation of similar privies at all stations in Virginia as soon as the value of this type is proved. The Southern Railway has submitted plans for a sanitary privy to be erected at all stations along its lines as soon as approved.

CHAPTER III.

HALF-TONE ILLUSTRATIONS.



Fig. 1—Showing dwarfing effects of hookworm disease. a. Bryant brothers, Forest Co., Miss. Smaller infected; said to be 21 years old; weight 66 pounds. Larger not infected: 17 years old; weight 126 pounds. b. Two boys, Johnson Co., Tenn., each 15 years of age; the smaller infected, the larger not infected c. Eugene Jenkins (left); age 21; weight 65. James Newman (right); age 10; weight 65.



Fig. 2—Severe infections. a. Hardy Baker, Tift county, Ga., age 17 years, hemoglobin 10%; weight 86 pounds; treated December 10, 1911; first treatment expelled 1,000 worms. Father, mother and 7 children, all infected. b. Ernest Sorrell, Williston, Ga. Hospital case; dismissed after two treatments. c. Pot belly, a frequent symptom in severe cases.

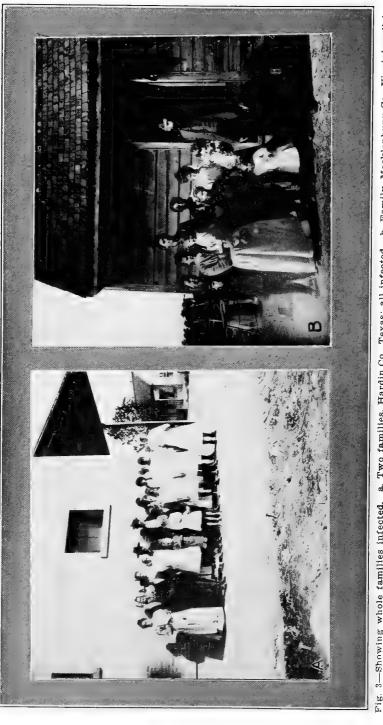


Fig. 3-Showing whole families infected. a. Two families, Hardin Co., Texas; all infected. b. Family, Mecklenburg Co., Virginia, all infected.



-Showing whole families infected, a. Short family, Mississippi, all infected, b. Family group, Covington Co., Miss., all infected. Infection heavy. Mother been nursing sick children for seven years; refused to have them treated for hookworm disease.

Same boy 14 months after first treatment.

Severe case hookworm infection, Kentucky mountains.

Same boy 14 months after first treatment.

Fig. 5a.

Brother of boy in Fig. 5.



Fig. 6—Showing results of treatment. a. Bryan Shell, Arkansas; age 13, very anaemic; sick since childhood; hemoglobin less than 15%. b. Bryan Shell nine weeks after receiving first treatment. Had 9 treatments one week anart. Hemoglobin 95%.



Results of treatment. a. Tom Rials, Tylertown, Miss. Heavy infection; ulcer on leg. b. Joe McFarland, Corbin, Ky.; says he had always been weak and pale; had had bad ulcer on right leg for 7 years; had had surgical operation without beneficial results; visited dispensary at Corbin July, 1912; was found heavily infected; was sent to U. S. Marine Hospital at Wilmington, N. C., where he was under treatment for 26 days, number of hookworms expelled 2,464; weight before treatment about 115 pounds; on December 28, 1912, he reports ulcer healed; weight 155 pounds; in perfect health and feels fine; is mining coal; can do as much work as any man; never feels fired; photograph made last of December, 1914, Fig. 7-

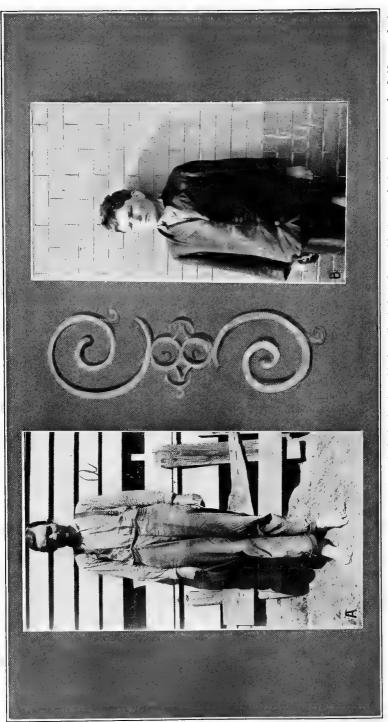


Fig 8-Results of treatment. a. T. W. Temple, Mississippi. Age 28; heavily infected; unable to work for 3 years; gained 10 pounds in 2 weeks after 1 treatment. b. Eddie Bouncer, Collins, Miss.; infected. Stopped school. Now well and making progress.

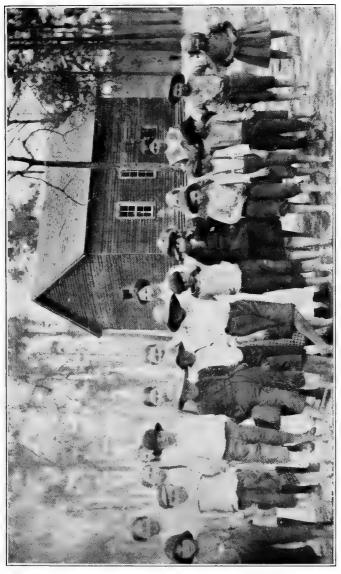


Fig. 9- Public school, Marion Co., Miss. 100% infection. Had not been treated when photograph was made. Compare with Fig. 10.

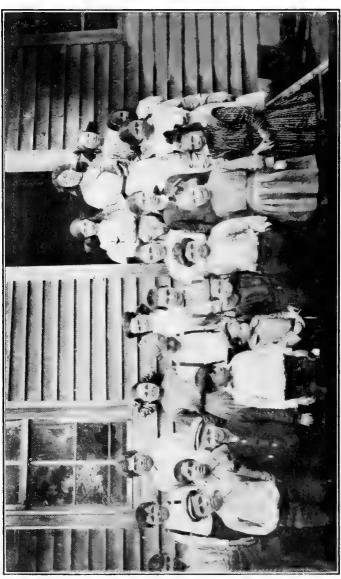


Fig. 10-Public school, Marion Co., Miss., located near school in Fig. 9. 100% infection; nearly all had been treated when photograph was made. Compare with Fig. 9.



Results of treatment. a. Family group, Collins, Miss.; 10 members in family; for two years only the mother had been able to work; she had sold the family horse and cow to buy medicine that did no good; had supported the family by scrubbing and washing and receiving donations from neighbors; photograph made soon after treatment, May, 1912. b. Photograph of seven members of same family made November 18, 1912. Fig. 11-Results of treatment.

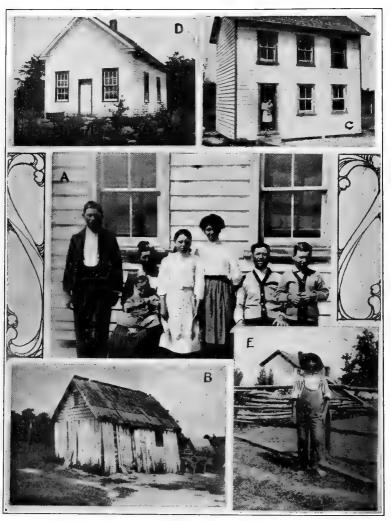


Fig. 12—Results of treatment. a. Prescott family, Richmond county, Va.; whole family found heavily infected in 1910. The mother had never known a well day; father was doing about half work, the oldest boy almost none. No one of these children, no member of their parents' family, or their grandparents' family, or their grandparents' family on either side had ever gone to school. Photograph made nearly two years after treatment. b. House in which the children were born and in which the family had lived up to time of treatment. c. House which the family built and moved into about 14 months after treatment. d. School which children are now attending. e. Boy at fence has made a good crop. He and his father are now using their muscle and energy to bring the family into a prosperity never before known.

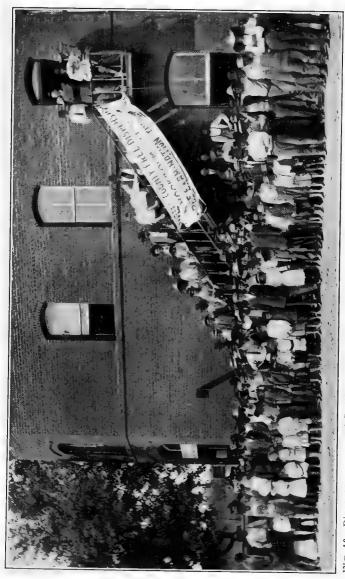


Fig. 13—Dispensary group at Lattimore, Cleveland Co., N. C. The people have come in to be examined and treated. Number of persons treated at dispensaries in this county, 1,770.



Fig. 14—Dispensary group, Jefferson Co., Ky. a. Dr. Richmond, physician in charge; b. Dr. Smock, county health officer; c. Young woman microscopis. Photograph llustrates co-operation of physicians, teachers, magistrates, school board, women's clubs and leading citizens. 700 specimens result of day's work. More than 2,000 heard lectures by Dr. Richmond and Dr. Smock.

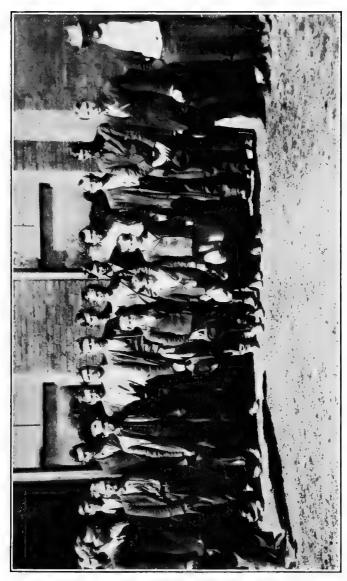


Fig. 15-Dispensary group, Nashville, Berrien County, Ga. 819 persons treated at dispensaries in this county.

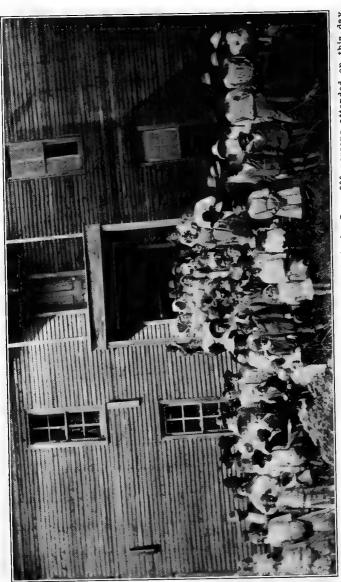
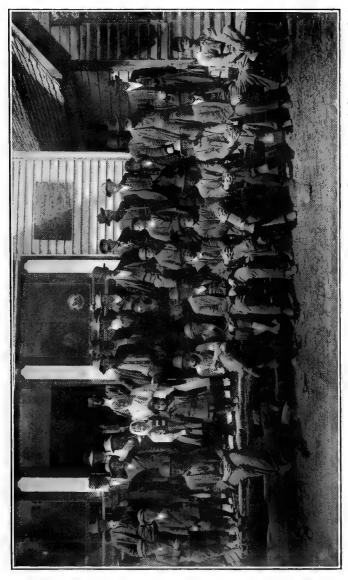


Fig. 16—Dispensary group at Thornton, Leake county, Mississippi. Over 300 persons attended on this day. Infection about 80% for children from 6 to 18 years of age. Some of these people drove in 12 miles. 1,785 persons treated in county in 9 weeks.



Second day of dispensary at that Fig. 17-A typical mountain dispensary group, Carter Co., Tennessee. point.

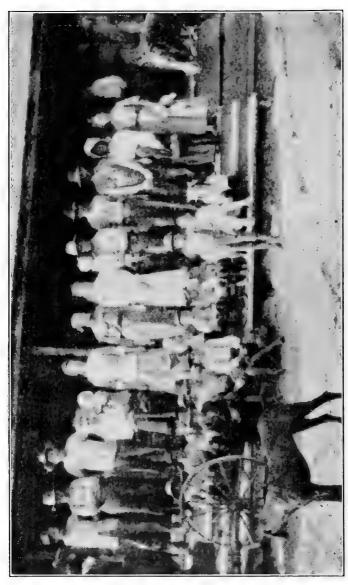


Fig. 18-Dispensary group, Kountze, Hardin Co., Texas. 1,512 persons treated in county in 5 weeks.



Fig. 19-Dispensary group, Grier, Miss. Treated 217 day picture was made.



Fig. 20-Dispensary group at Simpson, Vernon parish, La. 2,384 persons treated in parish in 6 weeks.



Fig. 21—Dispensary Lawndale, Cleveland Co., N. C. Crowd awaiting the results of the microscopic examination. 1,770 persons treated in county in 6 weeks.

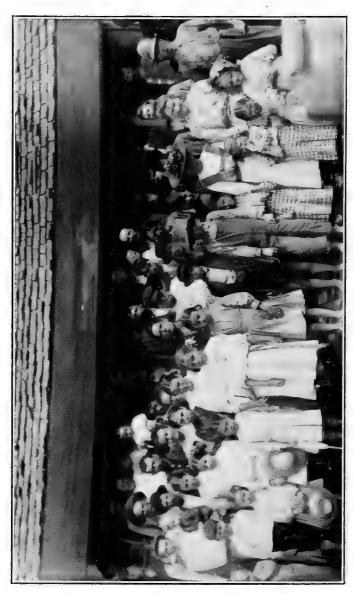


Fig. 22-Crowd at opening of dispensary at Colesville, Carter Co., Tenn.



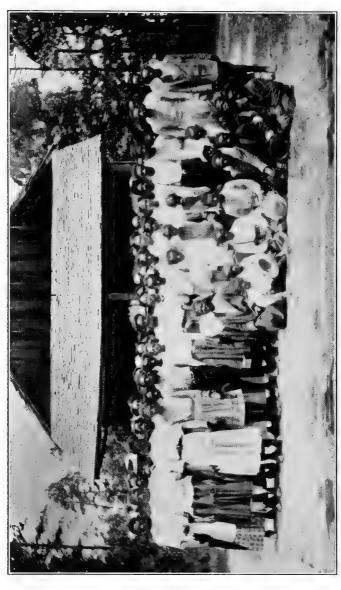
Fig. 23—Group of 31 patients treated in one hour at one of the dispensaries in Covington county, Alabama. Total of 188 cases treated for the day. The drug store in background constituted the dispensary headquarters.



Fig. 24-Tri-county Fair, Batesburg, S. C. Tent loaned by a citizen of Batesburg. 141 persons treated one day.



Fig. 25--Negro roadside dispensary, Leake Co., Miss. All but three in group infected.



3,220 persons treated in Treated 247 day picture was made. Fig. 26-Negro dispensary group, Olio, Miss. county.



Fig. 27—Dispensary at Pineville, Ky. Examined 160 persons here on this day. Judge of Circuit Court suspended proceedings for an hour for lecture and exhibit in court room. 2,992 persons were treated in this county in 5 weeks.



Fig. 28—The battle of King's Mountain being fought anew. Free county dispensary, King's Mountain, N. C. 200 to 400 people examined here each Tuesday for 6 weeks.



Fig. 29-Illustrating co-operation of local physicians. Dispensary at Cotton Valley, Webster parish, La. Three local physicians at table with microscopes.



-Dispensary group, Breathitt county, Ky. Dr. Shirley and two young women microscopists made the dispensary ofrcuit of this county on horseback over the mountain roads. They were accompanied to each dispensary by the county judge or the county attorney and one or more local physicians. Within five weeks 1.298 persons were treated. The large man in the center of second row stayed by the table for two days listening for the names of his neighbors whose specimens he brought in. These specimens had been collected by one woman who had been cured. Fig. 30-



31—Group of physicians, Lauderdale Co., Miss. Co-operated heartlly in the campaign for the eradication of hookworm disease and for the improvement of sanitary conditions in the county. Fig



32—Teaching by demonstration. Dispensary office of Autauga county board of health, Alabama. Photograph made as record of the first demonstration at the opening of the work in this county. Dr. Orr (standing) physician in charge; Dr. Smith local physician assisting.



Fig. 33—Board of Supervisors, Amite Co., Miss. Justly proud of its record in making appropriation for the county dispensary, stood for a photograph. 3,220 persons were treated in this county in four weeks.

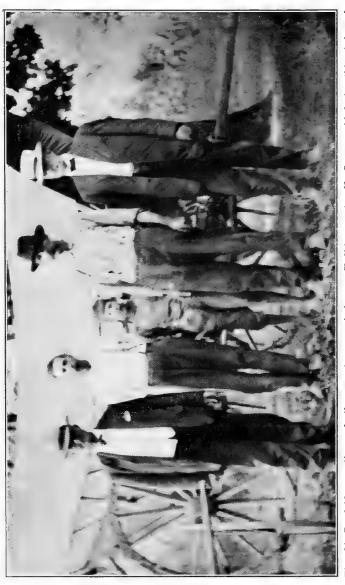


Fig. 34—Roadside meeting of the county commissioners, Yadkin county, N. C., assembled in this informal way to make appropriation for the county dispensaries. 2,533 persons treated at the dispensaries in this county.

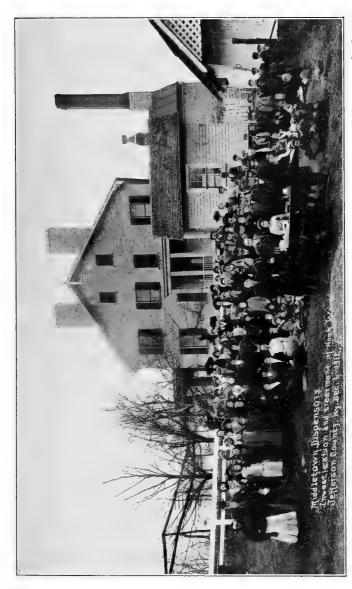


Fig. 35—Making a demonstration before the county judge, members of the fiscal court, the county school superintendent and the school board of Jefferson Co., Ky. As a result of this demonstration the fiscal court appropriated \$600 and guaranteed to finance the work until intestinal parasites have been eradicated in that county.



b. Ex-Fig. 36-a. A group that drove 15 miles to the dispensary at Kountze, Hardin Co., Texas, all suffering with hookworm disease. amining a school, Caroline Co., Virginia. 1,044 persons treated at dispensaries in this county.



Drove 19 miles to dispensary at Fair Bluff. Fig. 37-Amos Rasberry and family, Boardman, N. C.

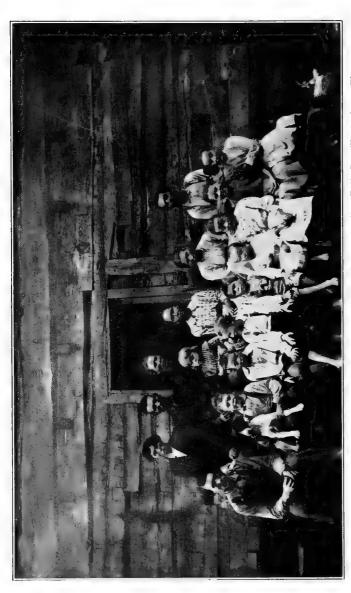


Fig. 38—Illustrating co-operation of the treated patient. Issacs family, Bell Co., Kentucky. Three generations; all infected; all save one, treathed. Roscoe, holding the dog, gained 21 pounds in 4 weeks after one treatment. Frank Issacs (standing by the door) after being cured got 37 of his family connection and many of his other neighbors treated.

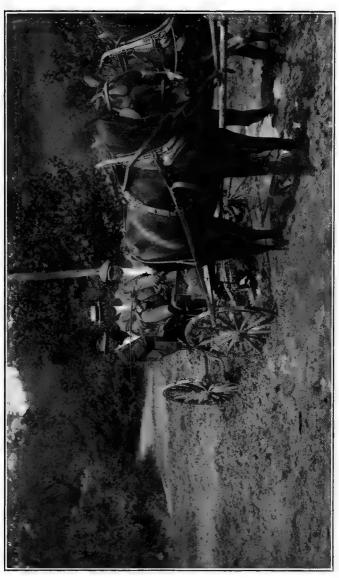


Fig. 39-Dr. Lock and two microscopists, Knox Co., Kentucky, en route after a day's work where 143 persons were treated for hookworm disease. 3,666 persons treated in county.

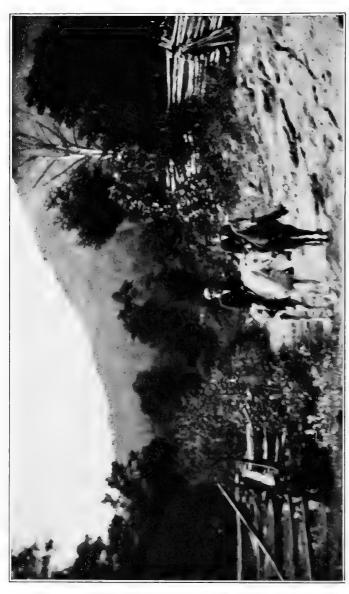


Fig. 40-Dr. Judd and microscopist making the dispensary circuit of Yancey Co., N. C., on horseback, illustrating approved method of travel over mountain roads.



Fig. 41-Teaching sanitation by Farmers' Train. A mountain audience. Gate City, Scott Co., Virginia.



Fig. 42—A mining camp in Bell County, Ky. 355 cases of hookworm disease found here. One of the camps which was put in sanitary condition by the Continental Coal Corporation. See pages 19 and 20.

CHAPTER IV.

A FEW TYPICAL LETTERS AND EXTRACTS FROM LETTERS SHOWING INDIVIDUAL CASES, THE CO-OPERATION OF VARIOUS AGENCIES, AND THE ATTITUDE OF THE PEOPLE TOWARD THE WORK.

- I. Letters and extracts from letters by physicians.
- (1) Dr. J. B. H. Knight, Martin County, Williamston, N. C.—"I have been doing considerable work in the treatment of hookworm with very gratifying results. The free dispensary work in this county did a big work, and this was mainly through the influence of the doctors. I sent in hundreds to be examined. I am in hearty sympathy with the work."
- (2) Dr. Alanson Capehart, Roxobel, Bertie County, N. C.—Reporting twenty-four cases treated, says: "Proper treatment of these cases have made healthy bodies, bright minds and happy faces out of what were before but human wrecks. The Commission is doing a great and grand work for humanity."
- (3) Dr. George F. Lucas, Currie, N. C.—"I wish you could see the many bright, healthy children that a year or so ago were without health and with no hope for the future. Words cannot tell the great good that has been accomplished."

- (4) Dr. J. M. Flippin, Mt. Airy, N. C.—"Six months after the treatment of one of my most interesting cases, the four-teen-year-old boy had gained thirty pounds in weight, two inches in height, worked every day hauling lumber and on the farm. He was entirely cured and made a perfect picture of health. His mother says it's a pleasure to live again."
- (5) Dr. L. H. Schubert, Gibson, N. C.—"An interesting patient, a girl sixteen years old; undersized, anaemic, poorly nourished, lacked energy and was easily fatigued; had never menstruated. Under first treatment passed a quantity of hookworms. Began to improve, complexion cleared and life and energy returned. After fourth treatment decided improvement; complexion ruddy, full of energy and frolicksome and menstruation appeared for the first time."
- (6) Dr. J. W. Williams, Everett, N. C.—"Dear Doctor: I honestly believe 60 per cent of the people in my territory are infected and I have tried to teach it to them. You ask for a report on an important case, but first let me tell you why it was important.

"The people in a certain large neighborhood had never heard of a hookworm. I attended services at a church out that way and naturally noticed such a pale crowd of people I made the remark that 90 per cent of the ones present had hookworm. Oh, no! They wouldn't let a new doctor who said they were "wormy" come in their house. In other words, I was directly up against it in that good neighborhood, and a new man; but I didn't take it back—only prayed for a chance to begin to prove it. Here's the case:

"Young girl about seventeen years old, but looked and acted about seventy, was brought to me by her uncle, who lived in and was a leader of the above-mentioned neighborhood; but the girl's home was in South Carolina. The patient was a perfect picture of a hookworm case, but not a mild one. Had no appetite, anaemic—but that hardly expresses it. She looked as if she had been eating dirt for years; had no hair on her body, and out of breath from the least exercise, etc., etc.

"I knew my prayers were answered and must fill my part of the contract. I made no mistake with my thymol. She got her share. Also tonic. Also hookworm lecture that would make Stiles pay attention. They came, they saw—I conquered. Second treatment in two or three weeks, and when that girl left here no one could tell it was the same girl. On arriving at home (South Carolina) her own mother didn't know her, and in one week sent her son to visit his uncle and let the doctor work on him. Best advertisement I ever had; did me good and will do them good. Now they do not get mad but are actually tickled when they know they have them, for they know it is no guess work when they are treated and are sure of becoming better looking, better feeling and just better men, women and children."

(7) Dr. V. M. Cooper, County Superintendent of Health, Sampson County, Clinton, N. C.—"Dear Dr. Ferrell: I take pleasure in informing you that the recent dispensaries for treating hookworm disease in Sampson county, conducted by Dr. C. F. Strosnider, of your staff, proved to be of incalculable good to our county from every standpoint. To the infected children of the poor the actual treatment given has been worth many times the cost. But I believe that even greater good has been accomplished in arousing the people to a sense

of the need for better sanitation and hygiene in everyday matters.

"Not a single complaint, even among the most miserly, has been heard."

(8) Dr. D. C. Absher, Health Officer, Mt. Airy, N. C .-"Dear Dr. Ferrell: I want to say a few words in appreciation of the splendid work done in this (Surry) county by Dr. and Mrs. C. L. Pridgen in conducting the campaign against hookworm disease. In the first place they were very conscientious-they neither wasted their own time nor the money appropriated for the work; they know their work in all the details and are energetic in the doing of it. The work they did in this county will produce results for months and years after they are gone; the educational work along the lines of better sanitation and in the prevention and proper care of cases of tuberculosis and typhoid fever, will prove of inestimable value in all the years to come. As to hookworm in this county, there were thousands of our people who did not know there was such a disease, and even we who were familiar with the disease had no idea that we had as much of it in this county as Dr. and Mrs. Pridgen found. In brief, I can say that their work in this county was eminently successful and satisfactory."

2. Letters and extracts from letters by county health officers.

(1) Dr. D. W. Jones, County Health Officer, Lincoln, County, Miss.—"Upon invitation of the county health officer, Drs. Leathers, Whitfield and Little appeared before the Board of Supervisors of Lincoln county on the first Monday in November and addressed that body upon the advisability of tak-

ing up the work in this county. The County Superintendent was also present, and the District Attorney by invitation. The \$200 asked for was promptly voted by the Board, to be expended upon the order of the County Health Officer. This was later supplemented by an additional amount of \$50.

"The State Board of Health proposed to pay the salary and expenses of Dr. Whitfield and the salary of Dr. Buchanan, the county to pay for the medicine, printing and the actual expenses of Dr. Buchanan. Upon this arrangement, work was begun about the middle of November, with Dr. Whitfield in the field, lecturing to schools, public meetings and other gatherings, using the stereopticon whenever possible. The health officer and the Superintendent of Education accompanied him whenever convenient, especially early in the work, giving him their moral support in every possible way. The newspapers were brought into requisition, with special editions, current reading notices, and the mails were used freely, taking the R. F. D. lists to reach the farmers.

"After a lecture Dr. Whitfield would offer vials for obtaining specimens, furnishing mailing cases, ready stamped and addressed to himself for return of same. Reports were made by mail generally through the teachers. He also made engagements to meet the pupils at various schools on certain days of the week for giving the treatment. Dr. Buchanan remained in the office at Brookhaven, where he made a complete microscopical examination of every specimen and dispensed the treatment to those who came for it. There was no haphazard or guess work about this, but the most thorough scientific work. A complete record was kept of every case, showing name, age, sex, school and teachers, family physician, address of parent or guardian, whether positive or nega-

tive examination, and number of treatments taken. The county health officer was in constant touch with this work, often checking the examinations, using centrifuge when usual examination proved negative. After this work was completed a triplicate copy was filed, one copy for the health officer, one for the Superintendent of Education, one for the Board of Supervisors. The county health officer followed the work up with a letter, offering to continue the treatment under certain conditions, and lists of children infected in the several communities were mailed to the several physicians in whose baliwick they live, with the request that they be followed up until cured.

"But, in my judgment, the most important feature of the whole work was the order of the Board, upon request of all the teachers, that the schools be encouraged to build sanitary privies by allowing an appropriation of all the money left in the school fund at the end of the year for the purpose of building such privies.

"Upon the whole, it was as complete an example of what the State Board of Health can do for the public good as could have been given to the people of this county.

"There were 3,158 people examined for hookworm in Lincoln county, and 2,063 were found infected with this disease. Of this number 1,723 took one treatment, 1,474 had two treatments, and 1,373 took three treatments. The good that was done in this county is incalculable."

(2) Dr. D. B. Stevenson, County Health Officer, Lumberton, Lamar County, Miss.—"I am informed that your Board is thinking of making an appropriation to eradicate the hookworm in your county at their next regular meeting, and feeling a keen interest in this important work I am taking the

liberty to write you about the work that has just closed here. "This county, Lamar, was one of the first in the State to make the appropriation, which they did by giving us \$150 at their regular May meeting. Under the direction of Dr. R. N. Whitfield the work was begun as soon as possible and was carried along from week to week until the entire county had been pretty thoroughy worked. This being the initial work in the State we would naturally be a little slow in coming in for treatment. In the face of this Dr. Whitfield treated about

1,700 in about five weeks, and we had some medicine left after we had finished our labors. A part of the appropriation was never needed. I mention this to show you how very little

"I have had occasion to investigate some of the good results of this treatment, and one would be surprised to note what a different state of affairs exists already as compared to that of ten weeks ago when this work was begun. We, of course, have not had time to see the best results yet.

it costs to have this work done.

"The members of our Board of Supervisors to a man say that they have never made an appropriation that did as much for the county as this. They are more than pleased with the results, and surely the medical profession of the county is. Besides this I have never heard one dissenting voice from a single tax-payer.

"It might be of some interest to you to state that the Board of Supervisors of Pearl River, our sister county, at their last meeting appropriated \$150 with which to do this work. They were prompted, I understand, more by the good results we had obtained in this county than by any pressure that was brought to bear on them from other sources.

"I hope your body will not believe that I am undertaking to

get beyond the bounds of propriety when I write this letter, and am sure you will not. I have, as I stated in the beginning, seen the good results of this work and am an enthusiastic advocate of it. I believe that all good people owe it to themselves and their country to do all possible to encourage and support anything that will be of the best benefit to our people.

"In conclusion, I desire to say that if you good people make this appropriation I am sure you will never regret it. The work will be under the direction of a man whom I know to be in every way capable, an energetic and untiring worker, and a man who will certainly get you results.

"Asking your indulgence for this rather lengthy communication, I am, Yours verly truly.

"Mr. J. E. Odum, Collins, Miss."

3. Letters from members of County Boards of Supervisors and other officials.

(1) F. B. Pierce, Chairman Columbus County (N. C.) Board of Commissioners, and F. T. Wooten, County Superintendent Schools.—"It gives us much pleasure to write you that the hookworm dispensaries conducted by Dr. C. L. Pridgen in our county something over a year ago, in every way gave entire satisfaction. Hundreds of children infected with the hookworm disease were treated, and the decided benefits these children received are the strongest evidences of the worth of Dr. Pridgen's work.

"Even far greater good than this has been accomplished. Our people have become aroused as never before in sanitation and all other matters that pertain to the improvement of health conditions."

"Dr. John A. Ferrell, Raleigh, N. C."

(2) J. D. Hatten, Member of Board of Supervisors, Sumrall, Miss.—"I want to say that we had one family on the pauper list that we were paying \$12 per month, and, in addition, the doctor's bills. They were treated by you for hookworm disease, and we have now taken them off the pauper list. They are making their own support, and I could give you many other expressions of appreciation.

"Dr. R. N. WHITFIELD,

Collins, Miss."

(3) Letter from one County Commissioner to a Commissioner in an adjoining county-"I understand that your Board has in contemplation the establishment of hookworm dispensaries in your county. Of course, you know that you do not pay for anything except the medicines and probably traveling expenses of the assistant. If you had to hire this work done and pay for all expenses it would cost probably several thousand dollars. Having had the service in Craven county (Mississippi) I am particularly anxious that you should have the service in your county. If you could see the thousands of children that were treated in this county for almost nothing, and the great improvement that has resulted from the treatment, I feel sure that your county would not only have the service, but that you would extend it like we did in Craven. There is nothing that concerns your county or is of as much value to your citizens as good health; the children cured of hookworm will produce for your county each year

more than you have to pay out. I have no doubt that there are thousands in your county that are suffering from this disease, and they can be cured, and I hope that your Board will look favorably upon this matter.

"I am taking this liberty to write to you because you are so near Craven that we feel that we have similar interests. There is one family in Bridgeton, just across the river from New Bern, that was infected; we think there were five in all; these children look rosy now, where before they looked like cakes of tallow. We certainly hope that you will not let this opportunity pass, and assure you that Craven county will undertake the same thing next spring if the present Board is returned. Kindly pardon the liberty taken in writing this letter, but I am only doing it through my interest in the welfare of the country around this section."

(4) S. L. Rhyne, Chairman Board of County Commissioners, Catawba County, N. C.—"Our people generally were greatly pleased with the hookworm campaign. Not a complaint has been heard on account of the small appropriation made by our Board. We are under obligations to you and your department for coming to us with this matter.

"If it will be worth anything in getting other counties to take hold of the movement, I will say that our Commissioners and the people were so well pleased with the work of your men after they had been among us a while engaged in this work, that we made an extra appropriation to keep the dispensaries open longer. Everybody was pleased with the results.

"I believe the schools will now find it easier to teach the facts about hookworm and other diseases. I think our people

will hereafter be more interested in these things than ever before, for great numbers were treated for hookworm, and now living examples of the good results of treatment are always present. It is a great work. Thank you and your force for this help.

"Dr. John A. Ferrell, Raleigh, N. C."

(5) Allen J. Barwick, Mayor of Newton, N. C.—"The campaign for hookworm treatment in Catawba county has just ended. You have doubtless had many evidences of its success, but I want to tell you that, in my opinion, the County Commissioners never made an appropriation for any work in the county that met with more nearly complete approval than that in this instance. I have recently been in nearly all sections of the county and I heard much of the work of your field men, and without exception I heard only words of commendation.

"Many of our people have lately been talking of the employment of a competent, progressive physician, at public expense, for all his time, so that this work of health education may go on. I believe this will come, and it would take only about one more campaign like the recent one to bring us the assurance of such health officer. Interest in public health and hygiene has certainly been awakened more by the hookworm campaign than ever before. The work had a wonderfully helpful effect and I wish we could keep up the health work in some vigorous way.

"In the town of Newton, after the hookworm campaign got well under way, I found it an easy matter to have all open privies closed and made more sanitary by ordinance of the town aldermen. More lime and ashes are being used, and our sanitary officer finds it easier to keep the town clean, and co-operation is now much more ready in any movement for sanitation.

"The many good results of your work in the county can not be told; it has awakened interest in better health conditions that will continue to grow. We can certainly see immediate results here in the town. A very large number of our people of all classes were examined and, as you know, not a few treated. I will tell you more of the work when I see you.

"Dr. John A. Ferrell, Raleigh, N. C."

(6) Report of the Chairman of the Board of Commissioners of Craven County (N. C.) in reference to the work of the Hookworm Commission—"The Board ordered the expenditure of \$300 for medicine to be used in the treatment of persons suffering from hookworm. The Hookworm Commission established dispensaries at New Bern, Vanceboro, Cove, Fort Barnwell, Havelock, Riverdale and one or two other places in the county, under charge of Dr. C. F. Strosnider. The total amount expended under this appropriation was \$191.13. There were 4,242 examined and 2,664 treated. The value of this treatment is inestimable. No doubt the great majority of the number treated would have been rendered useless, mentally and physically, by the action of the disease. The pale, weak and inefficient mental and physical sufferers have been replaced by energetic, rosy-cheeked, clear-minded subjects. No doubt our population has been affected by this disease for many years, and this in great part accounts for the mental and physical disability of many of our school children. We recommend that this treatment be repeated in the spring of 1913.

"The Board is considering the employment of an energetic County Superintendent of Health, to give his entire time and attention to this department, his general duties to embrace inspection of all public buildings and grounds; source of water supply; to examine the school children for physical and mental defects, such as defective eyes, ears, nose, throat, heart and lungs; to look after the indigent sick; to investigate all outbreaks of typhoid fever, diphtheria, scarlet fever, etc.; to deliver lectures on hygiene and sanitation to school children, and to make such recommendations to the Board of Commissioners and the County Board of Health as will work for the preservation of the health of all the people."

4. Letters and extracts from letters by teachers, school officials and editors.

(1) Exhibit from two institutions showing difference in efficiency which seems to have been caused by a light infection:

were 77.7 n at	5%
n at	5%
n at	
80.2	
	8%
-	•
78.	%
o to	
	%
de 89.8	%
17),	
84.2	%
81.	%
erage	
86.	%
erage	
84.	%
	89.25 grade 78 87. 20 to 92.2 .de 89.8 17), 84.2 81. erage 86. erage 84.

(2) A. J. Caldwell, Principal Hammond High School, Hammond, La.—"As you suggested, I have observed closely some of the children whom you treated in my school for hookworms last spring. In the case of a great many of them there has been a decided improvement. The little girl in the fifth grade who was so pale and weak as to make it impossible for her to be in school regularly, soon became well and rosy and closed the session at the head of her class. A young lady in the high school was in poor health and did very poor work; this session she is well and is one of our best students. A boy in the seventh grade took the treatment with equally as good effect. I could mention others. You are doing a great work for education as well as for good health.

"Dr. G. B. Adams, New Orleans, La."

- (3) Miss Minnie B. Barner, teacher in rural school in Winn Parish, La.—"It has not been quite two months yet since these children were treated, but in many I can see a great change. My attendance is better and also better interest and work. Now when the bell rings they are up and out with a whoop, and when they return it is with a flushed face and laughing countenance, showing that they have enjoyed their play. A careful record kept of the progress of these children two months after treatment shows a gain of 5.25% on class work, 8.75% on examination, and a gain of 2% on attendance."
- (4) C. C. Wright, Superintendent of Schools, Wilkes County, N. C.—"It gives me much pleasure to state that the work here in Wilkes county was a most decided success, several thousand cases being examined, and over one-half of

these were infected. Much good has been accomplished and the people are well pleased with the expenditure for this work.

"Dr. John A. Ferrell, Raleigh, N. C."

(5) Extract from editorial in county paper of Hardin county, Texas—"There were five hookworm hospitals in the county and each one was visited by the doctor six different days. Following are the places and the number of persons examined:

"Village Mills, 312 persons examined and 206 found to be infected; Saratoga, 455 examined and 234 found to be infected; Silsbee, 567 examined and 361 found to be infected; Honey Island, 255 examined and 133 found to be infected; Kountze, 448 examined and 205 found to be infected; total number of persons examined in the county was 2,037, and the total number found to have hookworms was 1,140, making a percentage of 55 1-9 infected. There were, however, 1,514 treatments during the stay in this county.

"In our opinion it was far-reaching and far-seeing on the part of the Commissioners' Court to appropriate the small amount of \$300 toward paying the expenses of operating these hospitals in the county and freeing the county of one of the evil infections which saps the life-blood from the young boys and girls of our country. Three hundred dollars was never spent for a better purpose."

(6) W. H. Smith, State Supervisor of Rural Schools, Miss.—"I am thoroughly convinced that the economic prosperity of the people, the lives and health of thousands of school children, and the progress of educational development of the

State depend largely on the successful eradication of the hookworm. The physical and mental growth of hundreds of children have already been made possible through this work, and there are still thousands suffering retardation and even stunting of their mental and physical powers on account of the ravages of the disease.

"One very favorable sign of the good results from your work is the awakening among school officials as to the need of better sanitary conditions around the school buildings. Many communities have caught the spirit, and are voluntarily providing sanitary privies and taking every precaution to prevent soil pollution. As a result of the campaign work and the bulletins issued by the State Board of Health for use in the schools, the Department of Education, through its field agents and institute directors, is preaching the gospel of better health conditions in every nook and corner of the State.

"The fact that the free dispensary at Columbia was a success from the beginning and was not able to take care of all the applicants for treatment is an indication that public sentiment has been awakened to the importance of the work.

"Dr. W. S. Leathers,

Jackson, Miss."

CHAPTER V.

REPORT OF THE SCIENTIFIC SECRETARY.

Addresses and clinics.—During the year 1912 I have given 86 addresses or clinics on the subject of hookworm disease and soil pollution, and, in addition to the foregoing, one of my assistants has substituted for me in 10 addresses and demonstrations.

Lantern slides.—As the various State Boards of Health were well supplied with lantern slides in 1911 it has been necessary to distribute only a few new sets this last year.

Charts.—There has been such a demand for the charts on hookworm disease and soil pollution, issued by the U. S. Public Health Service, that Congress decided to issue a special edition of 5,000 for use more especially in the public schools. The Congressional edition in question has been published and many sets have been distributed to various colleges, schools and health officers in the infected district.

Microscopic diagnosis.—On several occasions during 1912 it has become necessary to place every available assistant at work to help out the State boards of health in an unusual rush in connection with their microscopic diagnosis.

In general my office has had much less regular work in the line of microscopic examination than in former years, and most of the cases that reach us now are those in connection with which either practicing physicians, or microscopists con118 REPORT OF

nected with the various State boards of health are in doubt as to the nature of the findings.

Correspondence.—From the letters that have reached my desk during this past year it is very clear that there is increased interest in sanitation throughout the United States; letters come to me from all parts of the country making inquiries and offering suggestions regarding different types of sanitary privies.

Index to literature.—In my last annual report reference was made to an index to the world's literature on hookworm disease, then in course of preparation. This index is now practically completed and enables me to give the references to literature to any correspondent who may desire information on particular phases of the subject.

Field work—Nearly all of my time for about three months of this past year has been occupied in a special study of the children in five rural schools in County Z——, in one of the South Atlantic States, and for three months of the year I was occupied with work at the Marine Hospital in Wilmington, N. C. For certain reasons it seems best not to give the plans and details of the field work in the present report, but some time this coming spring or summer the facts will be ready for publication.

Investigations.—Among the results obtained from recent investigations on hookworm disease, mention may be made of the following:

(a) The Effect of Hookworm Disease on the Menstrual Function.—Recently I have had the opportunity of examining into the menstrual history of 129 females in a hookworm infected village and of obtaining some rather instructive data on this point.

Among our Southern girls we may find the menses beginning at II years of age, or even earlier, but in a considerable number of instances the courses do not appear for some years later. It is very common, especially on the tenant white farms and in the factories, to meet girls of I6 years of age who have never menstruated. The oldest case of absolute amenorrhea in this class known to me was 26 years old.

It is also frequent that we find Southern girls who are very irregular in their menstrual periods. This statement holds especially for the tenant whites and factory girls and, to a less degree, for girls in other walks of life.

One of the commonest causes of amenorrhea and irregularity, especially when it is of the delayed type, is hookworm disease, and experience demonstrates that this fact is too frequently overlooked by practicing physicians, especially by some who have ignored the investigations of recent years and who treat for symptoms instead of for causes. As a very striking case of this kind may be mentioned a 20-year-old girl who had never menstruated; according to the statement of her mother, she had been under treatment for amenorrhea by eight different physicians, not one of whom recognized hookworm disease as a factor in the case, although she was a typical hookworm patient whose real trouble was recognized at a distance of 30 feet. The girl was treated for hookworm disease and her menses promptly became established. According to the statement of the girl's father he has been kept a poor man because of the doctor's bills and drug bills incurred on account of this girl.

That the average physician does not fully recognize the importance of hookworm infection as one of the many factors in amenorrhea is evident to any person who has had extensive experience with this parasitic infection.

(b) Leichtenstern's Method of Judging the Completeness or Incompleteness of Cure.—The late Dr. Leichtenstern, of Cologne, Germany, advanced the view that by counting the male and female hookworms passed by a patient and finding the proportion between the sexes the clinician has a practical clue to the completeness or incompleteness of the cure effected.

If this view be correct we would have in the Leichtenstern procedure a method that might be of considerable practical value in certain cases that are today somewhat difficult to understand.

It has recently been possible to test the method in question by a study of 102 cases of infection involving 13,080 specimens of the American hookworm. The worms passed by each case were classified as to their sex, and it was found that 46% of the specimens were males and 53% females. Of the 102 cases examined, 37 presented an excess of male parasites, 9 presented an equal number of males and females, and 56 presented an excess of females. Leichtenstern's method is based upon the premise that the female parasites are always in excess of the males in a fairly constant proportion. Whatever may be the exact facts as applied to the Old World Hookworm (Ancylostoma duodenale), it will be seen from our investigation on the New World Hookworm that the premises as based upon Leichtenstern's theory do not obtain in the 102 cases of infection with Necator americanus examined. conclusion must therefore be drawn that Leichtenstern's theory is not of practical application to our hookworm campaign in this country.

(c) Treatment.—The standard routine of treatment for hookworm disease is as follows:

First day 6 or 8 P. M. Epsom salts.

Second day 6 A. M. $\frac{1}{2}$ of the total dose of thymol.

8 A. M. ½ of the total dose of thymol.

No breakfast.

10 A. M. Epsom salts.

Noon. Light lunch.

During this past year I have had occasion to follow several hundred thymol administrations and to notice the symptoms of which the patients complained, and also to notice the nature of the stools that they passed. The studies in question have led me to adopt in my own work three modifications of the standard routine of treatment.

First day, Epsom Salts.—The Kentucky State Board of Health recommends the use of salts on the evenings of two days preceding the thymol. This recommendation has a great deal in its favor, although in my own personal experience in North Carolina I seem to have had less success in getting the people to take two doses of salts at their home.

For about two years I have been testing a somewhat similar modification, as follows: 5 P. M., Epsom salts, followed by copious drinks of water; 6 P. M., light supper; 8 P. M., Epsom salts, followed by copious drinks of water.

Up to the present time I have not reached any conclusion as to whether either one of these methods, namely, two doses of salts on the same day or on successive days, is superior to the other, but I have reached a very definite conclusion that much of the complaining made as to the weakening effects of the Epsom salts is due to the fact that the people do not take this drug properly, and that if more detailed instructions are given on this point there will be less complaint in regard to the salts.

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Salts can be given in concentrated solution, that is to say, dissolve the salts in the smallest quantity of water possible, one (I) tablespoonful of Epsom salts can be dissolved in one (I) tablespoonful of water. This reduces to a minimum the amount of unpleasant fluid to be swallowed.

Immediately after swallowing the concentrated solution of salts it is highly desirable to drink abundantly of water, because the salts are dependent upon fluid for their successful action, and if this fluid is not supplied it will be taken out of the blood, and thus the patient may experience unpleasant effects. If, however, abundance of water is swallowed the patient usually experiences very slight, if any, effect from Epsom salts.

It does not seem wise to give water so abundantly after the morning dose of salts following the thymol.

Division of the Dose of Thymol.—For practical as well as theoretical reasons, in order to increase the element of safety to the patient, I have adopted the regular routine of giving 1-3 of the dose of thymol at 6 A. M., 1-3 at 7 A. M., and 1-3 at 8 A. M. instead of ½ at 6 A. M. and ½ at 8 A. M., as usually practiced.

By the three-dose method we obtain the same number of grain-hours for the drug in the intestines as by the two-dose method. In cases, however, in which we are dealing with a patient who shows an idiosyncrasy to thymol, or in case for any other reason symptoms of thymol poisoning develop, the three-dose method presents the advantage of enabling us to discover the idiosyncrasy or symptoms more promptly and at a time when a smaller dose of thymol is in the system. It further enables us to give instructions to the people who take the dose home whereby they may regulate the dose more ex-

actly. For instance, suppose a patient is to receive 30 grains. By the old method he would receive 15 grains at 6 A. M. and 15 at 8 A. M. By the three-dose method he would receive 10 grains at 6 A. M., 10 grains at 7 A. M., and 10 grains-at 8 A. M., but if any unfavorable symptoms develop after the first dose he can omit the second and third, and if any unfavorable symptoms develop after the second dose he can omit the third dose. After trying the two methods on a number of patients I am very decidedly in favor of the three-dose method.

Diet.—Nearly all persons who treat for hookworm disease warn the patients not to drink much water and not to take any food until noon on the day they take thymol.

In following out this usual practice with the children I have experienced a great deal of complaint, and in an effort to make the children more contented under treatment, and therefore more willing to repeat the dosage when necessary, I have modified the usual procedure as follows: During the morning of thymol administration the patients are permitted to swallow water only in very small amounts, if any. It is of course necessary to let them have some water when they take their capsules. At about 9 o'clock in the morning, namely, one hour after the third thymol, the patients receive a cup of coffee, without milk; and at 10:30, namely, about one-half hour after the morning salts, they receive one or two cups of coffee (without milk), but with crackers. Since instituting this modification I have had much less complaint on the part of the patients, and I have not been able to discover that the procedure interferes in the slightest in the treatment.

Sizes of the Doses of Thymol.—Very frequently some author urges that the dose of thymol be increased above the dose now usually accepted as standard, but conversation with

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our field men seems to indicate that they prefer not to increase the dose. Statistics on the hospital cases at Wilmington lead me to concur most heartily with those field men who prefer the smaller doses. Observation shows that in a considerable proportion of cases the patients are cured with 1-3 or 2-3 of the standard dose, and certainly in such cases it is unnecessary to increase the amount of thymol given.

Subjective Symptoms.—An article will shortly be published giving the subjective symptoms noticed in several hundred thymol administrations. The summary of the cases is not quite ready for insertion in this report.

- (d) Blood Pressure.—One of my colleagues, Dr. Worth Hale, has recently taken a number of blood pressures among hookworm patients before treatment. It is proposed to repeat the tests a little later, after the patients have been treated. Results will be reported upon later in the year.
- (e) Chemical Work on Thymol.—Like many other drugs which have found particular applications in medicine, the use of thymol for the treatment of hookworm disease has had a more or less empirical development. As compared with various other drugs which have been suggested as vermifuges, experience has shown that for certain cases thymol has certain advantages over practically all of them. Although this compound has proved very efficient in the hands of competent persons, its careless use is attended with certain dangers, and, as has been frequently pointed out, there is great need for a safer and more efficient remedy for hookworms. One which could be taken without special precautions, without diet restrictions or accompanying purgation, would undoubtedly simplify immensely the successful eradication of the hookworm scourge.

It is possible that such a drug may at some time be accidentally discovered in much the same way as thymol was selected, but there is undoubtedly much greater possibility of developing such a remedy by means of careful laboratory studies. It was with this object in view that the chemical and physiological experiments here mentioned were undertaken by two of my colleagues, Dr. Atherton Seidell and Dr. W. H. Schultz, in the Hygienic Laboratory of the U. S. Public Health Service.

As preliminary to a rational search for a better vermifuge than thymol, it was realized that more information in regard to the method of action of thymol itself was necessary. The most direct way to gain information of this character is by ascertaining to what extent and in what form the administered thymol is discharged by the body. Studies of this character require, first of all, a trustworthy analytical method which may be applied to the determination of thymol in such products as feces, urine or other secretions of the body. A search of the literature indicated that three methods of possible applicability to thymol have so far been proposed. Studies upon these, however, soon indicated that none of them could be made to yield reliable results. From an analytical standpoint the quantitative estimation of thymol presents difficulties particularly on account of its extreme volatility and the instability of the few relatively insoluble compounds which it forms. Methods based upon removal by precipitation, filtration and drying to constant weight, of thymol itself or its compounds, are therefore excluded, and it was necessary to resort to reactions which could be measured in dilute solutions. After quite a long series of experiments a method based upon the reaction of thymol with bromine was developed, but its application was limited to aqueous solutions of thymol free of other sub126 REPORT OF

stances which might also react with bromine. Fortunately, however, the extreme volatility of thymol with steam permitted its removal from most interfering substances and in connection with steam distillation the new method has so far been of very great service.

In seeking to apply the newly developed method to the several body waste products, attention was first directed to the feces, since according to most preconceived conceptions of the action of thymol on intestinal worms it was expected that a very considerable amount of the administered drug would be found unchanged in the feces. In applying the method to feces a number of difficulties were encountered due to volatile products other than thymol. Provisions for retaining these were introduced one by one, and finally hydrogen sulphide was itself held back by means of a lead salt, and a perfectly clear and nearly odorless distillate was obtained at the end of the multiple steam distillation apparatus. Control determinations were made upon the feces of dogs which had received no thymol and upon such samples to which known amounts of thymol were added. The results showed that these added amounts could be satisfactorily recovered. Thymol was then administered to a series of dogs and the samples collected and analyzed according to this method. The results showed that less than 10 per cent of the administered drug was excreted unchanged in the feces. It must therefore be concluded that_ about 90 per cent of each dose of thymol is either decomposed or absorbed from the alimentary tract, a proportion which was certainly not anticipated on the basis of clinical observations.

Following the analyses of the feces, efforts have been made to determine the thymol in the urine. Greater difficulties have been encountered, and so far the last of these have not been overcome. The work has shown conclusively, however, that free thymol does not occur in the urine, but only combined or, what may be considered, neutralized or non-toxic thymol is present. This neutralizing agent, glycuronic acid, appears to stand ready to render harmless the poisonous thymol, and takes care of it all unless it is supplied too quickly, as may occur when oils or fatty substances are also present in the alimentary tract.

In connection with this effect upon the absorption favored by oils, a series of experiments has been made upon the distribution of thymol between water and oil. It has been found that for most of the edible oils the ratio of the solubility is about as I to 400. Therefore a given amount of thymol added to a mixture of equal volumes of water and oil will distribute itself so that only I-400th of the total amount remains in the water. The presence of dilute acid, such as contained in the gastric juice, would diminish even this small amount appreciably. It would appear that under ordinary circumstances the rate of absorption of thymol from the alimentary tract is taken care of by the neutralizing action of the glycuronic acid, but when oil is present the acceleration may be too great and serious poisoning result.

One other line of investigation which is of more general than of particular interest to the thymol treatment of hookworm disease may be mentioned. It was found that in comparing the toxic dose of thymol administered in various ways, the subcutaneous injection of thymol dissolved in olive oil was least toxic of all. Observation indicated that absorption from the oil was proceeding extremely slowly, and experiments were therefore planned with the purpose of measuring this rate. The results showed a strict parallelism between the partition

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coefficient between the oil and water, and the rate of absorption within certain limits, when equal volumes of the solution of thymol in different inert oils contain equal amounts of thymol, the rate of subcutaneous absorption is proportional to the relative saturation of the solvent with thymol.

Some of the results in the foregoing studies are exceedingly suggestive and open up a possible change in our conceptions concerning the mode of action not only of thymol but of other anthelminthics also.

(f) Biological Work on Necator americanus.—My colleague, Dr. W. H. Schultz, has performed nearly 1,000 experiments with a view to ascertaining more exactly some of the factors which determine the geographical and seasonal distribution of human hookworms in the United States. These studies, it is hoped, will throw additional light upon the forces that co-operate to enable the eggs to develop into mature larvae and the latter to find their host and complete the life cycle. They deal with some of the barriers that Nature has thrown about the host, which, if taken advantage of, may aid in the avoidance of infection.

Dr. Schultz has systematically studied the reaction of the eggs and of larvae to various inorganic salts, to gases, acids, alkalies, and has determined the killing power of a number of relatively cheap disinfectants. Many of these substances, especially phenols, coal-tar derivatives and free chlorine kill both the eggs and larvae in a relatively short time, so that in cases of emergency a number of these substances might perhaps be of use in sterilizing human excreta, or moist surfaces upon which motile larvae have crawled.

Many experiments have been made with thymol, its derivatives, and with various other vermifuges. The relative toxicity of these substances has been worked out and considerable attention has been given to the physiologic action of some of the more efficient remedies.

This same investigator confirms our knowledge that high and low temperatures, drying, and bright sunlight are Nature's most potent agents in killing the eggs and larvae of *Necator americanus* and is able to add new and definite data on this general subject. For example, it is found that temperatures above 42°C. soon render the larvae weak, inco-ordinate or motionless, the effect being proportional to the increase of temperature and duration of exposure. So that larvae that have been exposed for an hour or longer to a temperature of 46°C. are either killed or so injured that they are unable to infect the skin and they die soon afterwards, whereas larvae exposed for one minute to a temperature of 50°C. are either killed within that time or die a few minutes later. He is now extending his experiments to physiologic minimum temperatures.

Part of Dr. Schutz's results will be sent to press in the near future.

Publications.—During 1912 a number of manuscripts have been prepared, and several more that are based upon work this past year are now in preparation. The following manuscripts have appeared in press:

SCHULTZ (W. H.) and SEIDELL (ATHERTON):

1912a. Subcutaneous absorption of thymol from oils. < Original communications, 8th International Congress of Applied Chemistry, v 19, pp. 271-278, 1 fig.

1912b. The determination of thymol in dog feces. < Ibidem, pp. 281-286.

SEIDELL (ATHERTON):

1912a. A new bromine method for the determination of thymol,

- salicylates and similar compounds. < Am. Chem. J., v. 47 (6), June, pp. 508-526.
- 1912b. Solubility and distribution coefficients of thymol. < Ibidem, v. 48 (5), Nov., pp. 453-467.

STILES (C. W.):

- 1912a. Hookworm disease among cotton-mill operatives. [In Report on condition of woman and child wage-earners in the United States v. 17.] < 61st Cong., 2d sess., Senate Doc. No. 645, pp. 9-45.
- 1912b. The menstrual and pregnancy history of 129 females in a hookworm infected factory village. [Read before South. Med. Ass'n, 5th Ann. Meeting, Hattiesburg, Miss., Nov. 14-16, 1911.] < South Med. J., v. 5 (3), pp. 163-166, Apr.
- 1912c. The full time county health officer, the most important factor in the public health machinery. < Proc. North Carolina State Med. Ass'n, Ann. Meeting, 1912.
- 1912d. A cold-blooded inquiry into American patriotism. [Read before Tenn. State Med. Ass'n, Chattanooga, 1912.] < Tenn. Med. J.
- 1912e. Sanitary conditions surrounding the schools. < Proc. State Teachers' Ass'n of South Carolina, Ann. Meeting, 1912.

The sanitary privy bulletin of the United States Department of Agriculture.—In my last annual report mention was made of the Farmers' Bulletin on the Sanitary Privy, prepared by Dr. L. L. Lumsden and myself, and issued by the United States Department of Agriculture. It will be of interest to the Commission to know that according to the reports of the Editor's office 350,000 copies of this bulletin have thus far been issued.



THE ROCKEFELLER SANITARY COMMISSION FOR THE ERADICATION OF HOOKWORM DISEASE

FOURTH ANNUAL REPORT FOR THE YEAR 1913.

OFFICE OF THE COMMISSION WASHINGTON, D. C., U. S. A. JANUARY, 1914.

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EXPLANATORY NOTES.

- 1. In June of the current year, John A. Ferrell, M. D., was elected a member of the administrative staff of The International Health Commission, and was given active direction of the administrative work of The Rockefeller Sanitary Commission in the South.
- 2. Each State in the beginning employed its own system of records. Conferences for systematizing them were later held, and practical uniformity adopted. This work brought out certain discrepancies in the early reports. In so far as these apply to the work where the county is the unit they have been revised, so that the figures in this report under this heading are based on the revised figures, and not on the figures previously published. A revisal of the records of the work where the State is the unit will be made, as far as practicable, and given in the next annual report. The need for revising under this heading is so manifest in two items that they are being omitted in this report. One applies to the actual expenditure by the State in this particular work; the other to the number of physicians now treating hookworm disease and reporting their cases.
- 3. The term "number of persons treated" as used in this report signifies the number of persons to whom treatment has been dispensed. Some persons to whom treatment has been dispensed carry the medicine home, but do not take it. It is clearly impossible to correct this error in the record.
- 4. The number of persons microscopically examined in making the infection survey does not equal the total number of microscopic examinations made in a State. All microscopic

examinations save those of rural children from 6 to 18 years of age are excluded from the reports of the infection survey.

- 5. A comparison of the total number of persons microscopically examined with the total number of persons treated will not indicate the percentage of persons infected, because during 1910-1912 many members of the staff treated cases on clinical diagnoses, and many of those cases at present treated by practicing physicians have no microscopical examinations made. Table four will indicate the degree of infection found, based on microscopic work.
- 6. The figures in the tables for the infection and sanitary surveys for 1913 do not all correspond to the figures shown for these surveys in other tables. The figures for 1913 include for certain states, second surveys which elsewhere are omitted. Hence, the seemingly apparent errors are not real.
- 7. Tables 10-12 include 10,177 persons examined; and tables 13-15 include 13,969 persons treated, which should be shown under the years when the work was done. A lack of uniformity in the early records of the states makes it impossible to segregate them now. As a result the horizontal and perpendicular additions in the tables do not correspond; however, the accuracy of the tables is not altered.
- 8. The totals given in this report do not include a vast amount of the work that has been done. No record is included of the clinical examinations made by physicians or members of the staff; a large number of microscopic examinations made by the staff before the dispensaries were operated, and many that have since been made in the field, are discarded because no complete, individual case records were made. Those persons who were treated by the staff prior to the opening of the dispensaries in 1911; and those since treated outside the regular dispensary work, are also omitted

for the same reason. This diminishes very materially the results which should be accredited to this health work, but it insures and strengthens the integrity of the records as they are given.

9. Persons who may desire to see how the work was organized and how the various activities were defined and conducted in the early stages of the work are referred to the First Annual Report by the Administrative Secretary. An account of the dispensary and how its work is conducted may be found in the Second Annual Report. The Third Annual Report describes the dispensary exhibit; the co-operation of the people, the physicians, and other agencies. These reports will be sent out on request until the supply is exhausted.

CHAPTER I.

GENERAL SUMMARY WITH NOTES.

1. Persons Treated, 1913. The total number of persons treated for hookworm disease in eleven states for the year 1913 is 186,277; an average of 616 persons treated for each working day in the year. The average number for 1912 was 720. This reduction of 14% in the number of persons treated is significant when we consider that the number of persons examined in 1913 represents an increase of 60% over 1912. The territory covered during 1913, as a whole, had lighter infection than that covered in 1912; yet some of the territory has been covered the second time and the results seem to indicate that the work of the health forces during the past four years accounts, in a measure at least, for this showing.

. State.	Persons Treated 1913.
Alabama	11,702
Arkansas	4,894
Georgia	15,739
Kentucky	43,211
Louisiana	16,858
Mississippi	23,262
North Carolina	33,840
South Carolina	11,066
Tennessee	7,167
Texas	10,717
Virginia	7,821
Total ,	186,277

2. Persons Treated, 1910-1913. The total number of persons treated for hookworm disease in eleven states for the four years is 539,107.

This means the treatment of 369 persons a day for every day in four years.

State.	Persons Treated 1910-1913.
Alabama	40,540
Arkansas	8,838
Georgia	40,782
Kentucky	65,314*
Louisiana	42,675
Mississippi	96,857
North Carolina	143,329
South Carolina	47,271
Tennessee	15,137
Texas	18,245*
Virginia	20,119
Total	539,107

These figures include the persons treated by the staff, and by practicing physicians who voluntarily report their treated cases. The physicians as a rule do not keep a record of their treated cases, and many do not report regularly. Quite a number who are known to treat the disease never report, so that although the number of treated cases may not be absolutely accurate, the probability is that more cases have been treated than have been reported.

The members of the staff keep an accurate record of every person microscopically examined, every person infected, and every person treated; the size of the dose of thymol, and the date of each treatment.

^{*}Work begun in 1912.

PEDSONS	TREATED.
LEKSUNS	I KEALED.

Year	By Physicians	By Staff	Total
1910	8,000		8,000
1911	46,600	66,752	113,352
1912	64,978	152,531	217,509
1913	66,317	119,960	186,277
Total	199,864	339,243	539,107*

3. Microscopic Examinations, 1913. Positive diagnosis of hookworm disease is made mainly by microscopic demonstration of the eggs of the parasite in the stool of the infected person. This method alone is employed by members of the staff. The number of microscopic examinations made, rather than the number of persons treated, affords the best index to the efficiency and progress of the work in a given time in a given territory. In lightly infected areas the difficulties of securing specimens and in making microscopic examinations are much greater than in heavily infected areas.

The total number of persons microscopically examined in eleven states for the year 1913 is 480,951, an increase of 60% over 1912. This means the microscopic examination of more than 1,573 persons for every working day in the year.

State.	Microscopic Examinations 1913
Alabama	. 20,501
Arkansas	17,615
Georgia	20,000
Kentucky	. 76,514

^{*}See note following table No. 16.

Louisiana	26,468
Mississippi	72,592
North Carolina	107,887
South Carolina	45,537
Tennessee	24,059
Texas	31,537
Virginia	
Total	480,951

4. Microscopic Examinations, 1910-1913. The total number of persons microscopically examined by the central laboratories and by the field force in eleven states up to December 31, 1913, is 858,377:

State.	Persons Examined 1910-1913.
Alabama	27,466
Arkansas	18,215
Georgia	43,765
Kentucky	121,569*
Louisiana	39,487
Mississippi	115,681
North Carolina	288,975
South Carclina	60,146
Tennessee	34,661
Texas	40,831*
Virginia	67,581
Total	858,377

5. Increase of Microscopic Work. In no feature of the work has the growth been more rapid or more significant than in the number of persons microscopically examined.

^{*}Work begun in 1912.

No. persons microscopically examined:

, or porcour		
1910		9,481
1911		57,943
1912	<i></i>	99,825
1913		80,951
	-	
Tota	1 8	358,377*

6. Cause of Increase in Microscopic Work.—The most significant factor contributing to this increase in microscopic work is the growing tendency on the part of all classes of people to seek examination regardless of symptoms. This demonstrates that the people have been educated to a considerable extent during the past three years. Though working in lightly infected counties, the response to the opportunity to be examined has been even greater than during the two previous years, when counties were being covered where infection was heavy. In the beginning of the work it was difficult to get people to submit specimens. They were squeamish about it; or only those who were ill, it was thought, needed to be examined. It is coming to be more and more generally recognized that all persons living in or near infected territory are subject to infection; that the infected person, whether he is ill or not, is a danger to himself, to his family, and to the community; that, therefore, every person living in or near infected territory, regardless of symptoms, should be examined.

7. Average Expenditures for Each Person Examined; and Each Person Treated, 1913.—The Commission during 1913 expended \$195,900.00 for examining 480,951 persons, and treating 186,277 persons. This means that for every 40c expended by the Commission a person was microscopically

^{*}See note following table No. 13.

examined, and for every \$1.05 a human being has been treated and benefited in health, and helped to a better scale of living.

The two hundred and fourteen counties where dispensary work was completed this year expended \$33,033.92. This means that for every \$.06 spent by the county authorities a person was microscopically examined, and for every \$.17 an infected person was treated and benefited in health.

The various states have expended amounts ranging from about \$200.00 to \$8,000.00. These expenditures, however, have not in all cases been actually recorded; consequently, the cost to the states is here omitted, as calculations should be based on actual recorded expenditures, and not on estimated expenditures.

8. Average Expenditures for Each Person Examined; and Each Person Treated, 1910-1913.—The average cost for each person examined in 1913 was smaller than in previous years, notwithstanding the number of positive specimens examined was less by twelve per cent. than the number examined prior to 1913. Since all agree that the expense for examining negative specimens greatly exceeds that for positive specimens, this showing denotes increased efficiency in the work.

The average cost for each person treated in 1913 exceeds that in 1912. This is due: first, to making the work more scientific, in that no person was treated by the staff during 1913 who was not first found infected by microscopic examination. This was not required in 1912 by many of the field directors who administered treatment on clinical diagnoses. It is due, secondly, to the fact that the work has been conducted in counties having a lighter infection. This means a great increase in the amount of microscopic work required for each person treated.

COST OF I	EXAMINATIONS,	1910-1913.
-----------	---------------	------------

	Number of	Expended by		Cost	то
Year	Examina- tions made	Commission	County	Commission	County
1910 1911 1912 1913	9,481 57,943 299,825 480,951	\$ 66,807 35 148,407 14 184,671 60 195,900 00	\$ 5,921 03 21,351 44 33,033 92		\$.12 .07 .06
Total	858,377*	\$595,780 09	\$60,306 39	\$ 69	\$.07

^{*}See note following table No. 13.

COST OF TREATMENTS, 1910-1913.

	Number of	EXPENDED BY		Cos	г то
Year	Treatments Made	Commission	County	Commis- sion	County
1910 1911 1912 1913	8,000 113,352 217,509 186,277	\$ 66,807 35 148,407 14 184,671 60 195,900 00	\$ 5,921 03 21,351 44 33,033 92	\$ 8 35 1 30 84 1 05	\$.05 .09 .17
Total	539,107*	\$595,780 09	\$60,306 39	\$ 1 15	\$.11

^{*}See note following table No. 16.

9. Definite Survey to Determine Degree of Intection.—This survey is based on a microscopic examination of at least 200 children between the ages of 6 and 18, taken at random—that is, without reference to clinical symptoms—from rural districts distributed over the county. This survey has been completed for 413 counties in eleven states. The total number of children examined for the survey in the 413 counties is 415,250, or an average of 1,005 per county.

In number of counties surveyed and in number of children

examined per county, the work of the present year shows a marked advance over that of previous years:

(a) Number of counties surveyed:

1911	78
1912	131
1913	204
Total	413

(b) Average number children examined per county:

1911											593
1912.											836
1913											1,270

10. Degree of Infection Among Country School Children.—The degree of infection varies from county to county and from community to community within a county. The records show a percentage of infection by counties ranging from .005 to 96. In the 413 counties in the eleven Southern states, there have been examined to date, 415,250 rural children, of whom 180,374, or 43% were found infected; a reduction of 12% from the 55% infection found among the 156,019 children examined and 85,909 found infected prior to 1913.

This showing is worthy of consideration, because the percentage of infection found among all persons examined in 1913 was smaller than for those examined in previous years. This indicates that the counties where the work of 1913 was done had lighter infection than the counties having the work completed in 1911 and 1912. This lighter infection may have existed four years ago, when this work began; or it may be due in part to the work of the practicing physicians who, during the past four years, have treated and reported 199,864 persons.

Year	Number of Counties Surveyed	Average No. Examined in In County	Number of Children Examined	Number of Children Infected	Per cent. Infected
1910 1911 1912 1913	78 131 204	593 836 1,270	109,527		52% 52% 56% 36%
Total.	413	1,005	415,250	180,374	43%

Average percentage of infection:

Prior to 1913. 55% Prior to 1914. 43%

11. Sanitary Survey.—This survey is an inspection of privy conditions at country homes to determine their degree of efficiency in preventing soil pollution. Its methods are described in our second annual report. The survey has been completed in 501 counties. The number of counties surveyed shows an increase over the records of previous years.

(a) Number counties surveyed:	,
1911	120
1912	185
1913	196
Total	501
(b) Number of homes inspected:	
1911	47,540
1912	61,179
1913	80,867
Total	189,586

(c) Average number of homes inspected for each county, by years:

Ave	erage	. all	vear	S	 378
1913					 412
1912					 330
1911					 396

12. Degree of Soil Pollution at Farm Homes.—For the 501 counties surveyed; the records show a sanitary index* for counties ranging from 0 to 34 on a scale of a possible 100. A total of 189,586 farm homes taken at random in 501 counties scattered over eleven states have been inspected; of these 95,988 have no privy. For the 189,586 homes the sanitary index, estimated as for a county, is 5.8%.

No. privies type A at 100%	412	41,200
No. privies type B at 75%	550	41,250
No. privies type C at 50%	692	34,600
No. privies type D at 25%	4,788	119,700
No. privies type E at 10%	87,156	871,560
No. privies type F at 0%	95,988	0
		·
Total number homes inspected	189,586	1,108,310
Sanitary index		5.8%

13. The County Dispensary. †—The county dispensary has become the key to the work; with experience its organization has become more definite and its methods of work more effective. Increase of efficiency is exhibited in every item of the dispensary record:

^{*}See Second Annual Report, p. 25.

[†]For detailed account of the county dispensary and its method of operation see Second Annual Report, pp. 18-22.

(a) Number of counties making appropriations saries:	for dispen-
1910 2	
1911 59	
1912 179	
1913 217	
Total for four years 457	
(b) Total amount appropriated by counties:	
1910\$ 241 50	
1911 9,859 46	
1912, 31,279 25	
1913 45,595 88	
Total for four years \$86,976 09	
(c) Number counties in which dispensary work has pleted:	been com-
1911 46	
1912	
1912	
Total for three years	dispensary
Total for three years 411 (d) Total amount expended by counties in which work has been completed: 1910	dispensary
1913	dispensary
1913	dispensary
1913	dispensary

(<u>e</u>)	Number microscopic examinations ma 1911	28, 248,	369 134
	Total for three years	700,	734
(f)	Average cost to counties for each micr made at dispensaries:	-	
	1910		
	1911		
	1912		
	1913		. 06
	Average	\$. 07
(g)	Number persons treated at dispensari	es:	
	1911	66,	752
	1912	152,	531
	1913		
	Total for three years	339	243
(h)	Average cost to counties for each perpensaries:	erson	treated at dis-
	1911		
	1912		. 09
	1913		
	Average	.\$.11

14. Records Made in County Dispensary Work.—The most important feature of the work is the yearly average made along the various lines of activity, and not the individual record for a day, a month, or a county. Yet these individual records are interesting. A few of them will be given in groups of three:

Year.	State.	opropriation: County.	Amount.
		Jefferson	
		aMecklenburg	
		Vernon	
(b) The la	irgest amount o	of county funds used	:
Year.	State.	County.	Amount.
1913	. Kentucky	Jefferson	. \$1,000 00
1913	. North Carolin	aMecklenburg	. 448 27
1912	.Louisiana	Vernon	. 330 00
(c) The la	_	of persons examined t	the first dispen
sary	aay:		
sary	j		No.
sary	j	County.	
sary (State.	County. aWake	Examined.
sary (<i>Year</i> . 1912	State North Carolin		Examined.

(d) The largest number of persons examined any dispensary day:

			No.
Year.	State.	County.	Examined.
1913	. Kentucky	Laurel	1,687
1913	. North Carol	inaUnion	970
1913.	Virginia	Lee	800

(e) The largest number of persons examined in any county in a six weeks' campaign:

			No.
Year.	State.	County.	Examined.
1913	Kentucky	Laurel	9,340
1913	Virginia	Lee	9,013
1913	North Carol	inaUnion	7,937

(f) The largest percentage of the total population of county examined:

Year.	State.	County.	of	Per cent. population examined
1913	.Kentucky	McCreary		69%
1913	. North Carolin	aCurrituck	٠.	53%
1911	. Mississippi	Pearl River		48%

(g) The largest number of persons treated in any county in a six weeks' campaign:

			Number
Year.	State.	County.	treated.
1911	Alabama	Coffee	. 3,635
1912	. North Carolin	naWilkes	. 3,431
1913.	South Carolin	aGreenville	. 2,623

(h) The highest percentage of infection in a county survey:

			1	Percentage
Year.	State.	County.	of	in fection.
1913	Georgia	Burke		96%
1911.	Mississippi .	Clarke		92%
1913	Texas	San Iacinto.		86%

(i) The lowest percentage	of infection in a coun	ty survey:
		Percentage [.]
Year State.	County. o	f infection.
1913Mississippi	Claiborne	. 005
1913South Carolina.	Greenwood	. 037
1913Tennessee		. 09
(i) The highest sanitary in	dex recorded in a co	unty:
		Sanitary
Year. State.	County.	Index.
1913Texas	Walker	34
1912Louisiana	Tangipahoa	19
1913Virginia	Fairfax	15
(k) The lowest sanitary in	dex recorded in a cou	ınty:
•		Sanitary
Year. State.	County.	Index.
1912Tennessee		.00
1913Kentucky		. 07
1912Mississippi		.06
(l) The largest number of sanitary survey:	homes included in	any county
		Number of
Year. State.	County.	Homes.
1913Kentucky	Clarke	2,078
1912 Mississippi		1,431
1911Louisiana		
(m) The oldest person fou	and infected:	
State. Nam	e. County.	Age.
South Carolina		
Alabama	Lauderdale	91 years.
North CarolinaAnnis St	tokesYadkin	91 years.

(n) The young	gest person foun	d infected:	
State.	Name.	County.	Age.
Alabama		. Houston	$ three \ mos. \\$
Mississippi	W. H. Belmo	nt.Tishomingo	ten mos.
Georgia	Tom Watson	Macon	12 mos.
(o) The largest ily:	number of perso	ons found infecte	ed in one fam-
State.	Name.	County.	infected in family.
Mississippi	Rogers	Lawrence	•
North Carolina	aLawson	Stokes	16
$Tennessee\dots.$		McMinn	14

Table 1.—Infection Survey, 1913.

State	Number of Surveys Made*	Number Children Examined	Number Infected	Per cent. Infected
Alabama	12 11	12,302 7,541	5,997 1,681	48.7 22.2
Georgia	I 7.	6,083	4,844	79.6
Kentucky		82,141	26,371	32.1
Louisiana	L	24,771	12,056	48.9
Mississippi	27	40,028	13,356	33.3
North Carolina	36	38,820	13,434	34.5
South Carolina	17	14,399	6,118	42.4
Tennessee	13	8,290	3,733	45.0
Texas	20	13,976	5,756	41.2
Virginia	21	15,028	3,893	25.9
Total	209	263,379	97,239	36.9

Table 2.—Infection Survey, No. of Counties Surveyed by Years.

	No. of	1010	1911	1010		(by		913 uar	ters)	Grand
State	Counties	1910	1911	1912	1	2	3	4	Total	Total
Alabama	67		4	10	3	3	3	3	12	26
Arkansas	75		6	7	2	2	1	6	11	24
Georgia	148		2	14	3	4	3	5	15	31
Kentucky	120			3	1	9	4	4	18	21
Louisiana	64		10	11	4	5	4	6	19	40
Mississippi	79		9	23	6	4	8	7	25	57
North Carolina	100		23	32	10	7	9	8	34	89
South Carolina	44		3	8	5	5	3	4	17	28
$Tennessee\dots\dots$	96		11	11		4	4	4	12	34
Texas	249			4	3	6	6	5	20	24
Virginia	100		10	8		10	6	5	21	39
Total	1,142		78	131	37	59	51	57	204	413

^{*}Five second surveys included.

Table 3.—Injection Survey.

Number of Children Examined and Number Infection, by Veares

	NUMBER OF CHILDREN EXAMINED AND	HILDREN	LXAMI	NED AND	NUMBER	NUMBER INFECTED, BY YEARS	ed, by Y	EARS.		
7						1913 (1913 (by quarters)	(s		
State		1910	1911	1912	-	2	60	₹'	Total	Grand Total
Alabama	Examined Infected		1,493	3,007	1,334	2,964 1,969	3,138	4,866	12,302 5,997	16,802
Arkansas	Examined Infected		4,435	5,702 1,875	1,072	1,331	1,427	3,711	7,541	17,678 6,664
Georgia	ExaminedInfected		568 451	6,406	1,549	1,389	1,511	1,634	6,083	13,057
Kentucky	Examined Infected	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5,974	4,499	41.680	22,269 6,389	13,693	82,141 26,571	88,115 29,372
Louisiana	ExaminedInfected		4,541	8,442	3,891	5,191	7,138	8,551	24,771 12,056	37,754 17,733
Mississippi	ExaminedInfected	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,152	22,060 16,566	8,039	6,214 1,243	12,871	9,764	36,888	63, 100 30,892
North Carolina	Examined Infected	210	23,184 11,076	40,667	12,094	8,803	8,901	8,453	38,251 13,338	102,312
South Carolina	ExaminedInfected	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.188	3,348	4,888	2,910 $1,164$	3,818	2,783	14,399 6,118	18,935 8,648
Tennessee	ExaminedInfected		2,671	3,624		2,593 1,076	2,207	3,051	7,871	14,146 6,196
Texas	ExaminedInfected		, i i	4,216	2,791	4,370	2,496	4,319	13,976	18,192 8,635
Virginia	Examined		4,050 1,449	6,081	F 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,670	5,315	3,043	15,028	25,159 8,125
. Total	Examined	210	46,282	109,527	40,157	84,115	71,091	63,868	259,231	415,250
	Infected	110	24,289	61,510	15,970	31,326	24,875	22,294	94.465	180,374

TABLE 4.

43% P. C. Infection COMPARATIVE DEGREE OF INFECTION BETWEEN PERSONS OF ALL AGES, AND THOSE OF SCHOOL AGE. 8,752 6,664 10,293 17,733 30,892 45,064 8,648 6,196 8,635 8,635 180,374SCHOOL AGE Infected 16,802 17,678 113,057 88,115 88,115 87,754 63,100 102,312 118,935 14,146 18,192 25,159 415,250Examined P. C. Infection 35%111,204 4,151 19,034 222,862 17,533 42,722 77,625 16,386 10,369 13,447 12,888 248,221 ALL AGES Infected 25,821 17,169 31,251 66,485 35,472 110,007 247,870 247,870 32,432 32,432 38,913 49,622 700,734 Examinad Kentucky North Carolina..... Georgia Alabama Arkansas..... Texas Louisiana State Wississippi . . . Tennessee.... Total.

Table 5.—Sanitary Survey, 1913.

State	Number of Surveys Made*	Number of Rural Homes Inspected
Alabama	11	2,253
Arkansas	10	5,110
Georgia	21	5,507
Kentucky	18	13,048
Louisiana	19	6,813
Mississippi	32	20,805
North Carolina	33	10,893
South Carolina	16	3,888
Tennessee	19	4,930
Texas	20	7,925
Virginia	5	1,029
Total	204	82,201

Table 6.—Sanitary Survey—Number of Counties Surveyed by Years.

State	No. of Counties	1910	1911	1912		(b	_	913 ua	rters)	Grand
	in State				1	2	3	4	Total	Total
Alabama	67		9	15	 3	3	2	3	11	35
Arkansas	75		11	10	2	2	2	4	10	31
Georgia	148		10	14	6	4	5	4	19	43
Kentucky	120			8		9	3	6	18	26
Louisiana	64		10	11	4	7	3	5	19	40
Mississippi	79		5	24	4	8	5	13	30	59
North Carolina	100		43	20	10	8	7	8	33	96
South Carolina	44		4	22		8	2	3	13	39
Tennessee	96		14	9	1	6	5	6	18	41
Texas	249			4	3	6	6	5	20	24
Virginia	100		14	48	4	1			5	67
Total	1,142		120	185	37	62	40	<u>-</u>	196	501

^{*}Eight second surveys included.

Table No. 7—Samilary Survey. Number of Rural Homes Inspected by Yeans.

		20 11	WOTT TUNK	TOWNSHIP OF TOWNS INSTRUCTED BY LEGIS.	TO CHILD	reans.			
\$50 4+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+	1910	1011	1019		191	1913 (by quarters)	rters)		Grand
Drave	0161	1161	7181	1	2	ဒ	. 4	Total	Total
Alabama	:	2,536	3,651	588	689	452	524	2,253	8,440
Arkansas	:	8,808	4,291	820	606	1,306	2,045	5,110	18,209
Georgia		3,933	4,623	1,329	955	1,478	1,130	4,892	13,448
Kentucky			3,372	:	6,355	1,142	6,184	13,681	17,053
Louisiana	:	6,321	8,258	1,249	2,139	1,445	1,980	6,813	21,392
Mississippi	:	1,304	11,178	4,521	4,420	3,437	7,921	20,299	32,781
North Carolina	:	17,542	7,356	3,092	2,576	2,152	3,073	10,893	35,791
South Carolina	:	1,533	5,352	320	1,682	200	544	3,252	10,137
Tennessee	:	2,898	1,904	200	1,401	1,967	1,152	4,720	9,522
Texas	:		1,383	751	2,372	2,394	2,408	7,925	9,308
Virginia		2,665	9,811	826	203		:	1,029	13,505
Total	:	47,540	61,179	13,726	23,701	16,479	26,961	80,867	189,586
]		

TOTAL NUMBER OF HOMES INSPECTED WITH CLASSIFICATION OF PRIVIES FOUND, ALL YEARS. Table 8.—Sanitary Survey.

8			CLASS OF PRIVIES	VIES			Grand
State	¥	В	C	D	团	두4.	Total
Alabama	52			73	4,676	3,639	8,440
Arkansas					908'9	11,403	18,209
Georgia	:	7		21	9,570	3,850	13,448
Kentucky	20	47	117	1,477	6,532	8,830	17,053
Louisiana	4	165	132	1,030	12,282	7,779	21,392
Mississippi	4	က	100	113	13.113	19,448	32,781
North Carolina	17	63	12	221	16,253	19,286	35,791
South Carolina	98	→	73	10	4,656	5,382	10,137
Tennessee	10	19	ເດ	218	2,857	6,413	9,522
Texas	136	292	324	942	2,961	4,653	9,308
Virginia	53	14	:	683	7,450	5,305	13,505
Total	412	550	692	4,788	87,156	95,988	189,586

Table 9.—Dispensary Summary.

Number of Counties Appropriating by Years.

States	No. of Counties	1010	1011	1912		(by		913 uar	ters)	Grand
Blates	in State	1310	1911	1912	1	2	3	4	Total	Total
Alabama	67	1	10	15	5	2	3	5	15	41
Arkansas	7 5		1	3		5	5	10	20	24
Georgia	148		2	21	5	5	7	3	20	43
Kentucky	120			7	2	8	4	1	15	22
Louisiana	64		8	10	1	6	8	4	19	37
Mississippi	79	1	9	27	5	9	8	4	26	63
North Carolina	100		17	41	11	14	15	0	40	98
South Carolina	44		3	19	6	5	5	0	16	38
Tennessee	96		6	9	3	3	3	6	15	30
Texas	249			14	2	8	4	7	21	35
Virginia	100		3	13		3	7		10	26
Total	1,142	2	59	179	40	68	69	40	217	457

Table 10.—Dispensary Summary.

NUMBER OF COUNTIES HAVING DISPENSARY WORK COMPLETED BY YEARS.

States	No. of Counties	1010	1911	1012		(by)13 ıar	ters)	Grand Total
Suaves	in State	1310	1311	1312	1	2	3	4	Total	1 Otal
Alabama	67		9	16	3	~ 2	4	3	12	37
Arkansas	75		1	4		3	4	5	12	17
Georgia	148		1	18	5	6	3	7	21	40
Kentucky	120			6	0	3	8	1	12	18
Louisiana	64		5	10	5	4	6	5	20	35
Mississippi	79		8	23	6	5	7	8	26	57
North Carolina	100		15	38	10	8	14	7	39	92
South Carolina	44		4	20	4	6	3	3	16	40
Tennessee	96			12	2	5	4	4	15	27
Texas	249			4	3	6	6	5	20	24
Virginia	100		3	8	0	3	7	3	13	24
Total	1,142		46	159	38	51	66	51	206	411

Table 11.—Dispensary Summary Number of Persons Microscopically Examined, at Dispensaries, by Years.

			2000	TOTAL TOTAL	MINITER	ים זה ישנ	THEORY ALLOWS OF THE TARRINGS, AT LIST ENDARIES, BI LEAKS.	TI IC (C)	ARD.	
				Prior to		1913 (1913 (by quarters)	rs)		7
State	1910	1911	1912	1913	Н	87	က	4	Total	Total
Alabama		1,784	4,267	6,051	1,772	4,147	5,829	8,022	19,770	25,821
Arkansas	:		:	:	:	3,200	7,627	6,342	17,169	17,169
Georgia	:	531	14,509	15,040	3,611	4,488	3,399	4,713	16,211	31,251
Kentucky	:	:	14,049	14,049	:	14,609	33,408	2,419	50,436	64,485
Louisiana	:	2,862	8,004	10,866	4,641	4,595	7,569	7,801	24,666	35,472
Mississippi	:	3,288	36,732	40,020	18,287	8,827	23,800	19,073	286,69	110,007
North Carolina	:	16,701	126,562	143,263	28,964	26,011	34,192	15,440	104,607	247,870
South Carolina	:	2,130	8,124	10,254	8,323	8,951	9,935	10,229	37,438	47,692
Tennessee		:	9,098	860'6	1,167	5,701	7,540	8,926	23,334.	32,432
Texas			8,460	8,460	6,915	9,867	6,374	7,297	30,453	38,913
Virginia		1,073	18,329	19,405		5,695	20,452	4,073	30,220	49,622
Total	:	28,369	28,369 248,134 276,503	276,503	73,680	160,96	160,125	94,335 424,231	424,231	700,734
					-					

*See note following table No. 13.

NUMBER OF PERSONS MICROSCOPICALLY EXAMINED AT CENTRAL LABORATORY Table 12.—Dispensary Summary

LA CIMBEL	K OF LEF	KEONS INTO	CHOSCOPIC	ALLY EXA	MINED AT	INCEMBER OF LERSONS MICROSCOPICALLY EXAMINED AT CENTRAL LABORATORY, BY	LABORA	FORY, BY	YEARS.	
i				Prior to	,	1913 (by quarters)	uarters)		1	-
State	1910	1911	1912	1913	П	, 8	3	4	Total	Total
Alabama	92	183	639	914	161	239	183	148	731	1,645
Arkansas	:		:	009	134	116	103	93	446	1,046
Georgia	1,440	4,300	2,985	8,725	.1,121	820	698	626	3,789	12,514
Kentucky	:	:	31,006	31,006	8,205	8,759	6,367	2,747	26,078	57,084
Louisiana	:		:	2,153	1,030	. 588	96	148	1,862	4,015
Mississippi	:		:	3,069	1,200	398	507	200	2,605	5,674
North Carolina	7,940	20,115	9,761	37,825	2,024	467	370	419	3,280	41,105
South Carolina			:	4,355	1,761	1,947	2,690	1,701	8,099	12,454
Tennessee		209	897	1,504	229	153	189	154	725	2,229
Texas		•	834	834	009	139	39	306	1,084	1,918
Virginia		4,369	5,569	9,938	4,080	2,432	744	765	8,021	17,959
Total	9,481	29,574	51,691	100,923*	20,545	16,058	12,157	7,960	56,720	157,643
		_								

TOTAL NUMBER PERSONS MICROSCOPICALLY EXAMINED, BY YEARS. Table 13.—Dispensary Summary

Grand	Total	27, 466 18, 215 43, 765 121, 569 39, 487 115, 681 288, 975 60, 146 34, 661 40, 831 67, 581	858,377
	Total	20,501 17,615 20,000 76,514 26,468 72,592 107,887 45,537 45,537 34,059 31,537 38,241	480,951
	4	8,170 6,435 5,692 5,166 7,949 19,573 11,930 9,080 7,603 4,838	102,295
uarters)	3	6,012 7,730 4,268 39,775 7,665 24,307 34,562 12,625 6,413 21,196	172,282
1913 (by quarters)	2	4,386 3,316 5,308 23,368 5,183 9,225 10,898 10,006 8,127	112,149
Prior to 191	1	1,933 4,732 8,205 8,205 19,487 10,084 1,396 7,515 4,080	94,225
Prior to	1913	6,965 6,965 600 23,765 45,055 13,019 43,089 14,609 10,602 9,294 29,340	377,426*
	1912	4,906 17,494 45,055 8,004 8,124 9,995 9,995 9,294 23,898	299,825
	1911	1,967 4,831 2,862 3,288 36,816 2,136 607 5,442	57,943
	1910	92 1,440 7,949	9,481
•	State	Alabama. Arkansas Georgia. Kentucky Louisiana. Missisappi. North Carolina. South Carolina. Tennessee. Texas.	Total

for Mississippi and The column "Prior *In the column headed "Prior to 1913" there are included 600 examinations for Arkansas, 2,153 Louisiana, 3,069 4,355 for South Carolina that cannot be itemized by years, because of a lack of uniformity in the early State records, to 1913" is consequently 10,177 examinations in excess of the total examinations reported for 1910, 1911 and 1912.

1910 1911 1912 Prior to 1 2 3 4 Total Total 15,206 9,116 24,322 730 2,990 1,547 2,810 8,077 32,399 15,206 9,116 24,322 730 2,990 1,547 2,810 8,077 32,399 15,206 9,116 24,322 730 2,990 1,547 2,810 8,077 32,399 15,207 17,734 2,021		Now	NUMBER OF I	TABLE PERSONS 7	14.—Disp Treated	Table 14.—Dispensary Summary Persons Treated at Dispensaries, by	unmary NSARIES, 1	3Y YEARS.			
1911 1912 1913 1 2 3 4 Total 1 15,206 9,116 24,322 730 2,990 1,547 2,810 8,077 3 287 1,734 2,021 791 2,263 340 3,394 587 10,341 10,928 2,608 2,959 2,074 2,365 10,006 2 6,353 6,353 6,353 10,492 1,436 13,491 1 6,322 11,965 18,287 2,141 2,184 3,662 3,860 11,847 3 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 6 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 9 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 3 2,437 21,154 23,591 1,851 2,2					Prior to		191	3 (by quar	ters)		Grand
15,206 9,116 24,322 730 2,990 1,547 2,810 8,077 3 287 1,734 2,021 791 2,263 340 3,394 587 10,341 10,928 2,608 2,959 2,074 2,365 10,006 2 6,325 6,353 1,563 10,492 1,436 13,491 1 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 6 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,987 9 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 3 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 3 2,437 21,154 23,591 1,861 1,444 1,145 1,274 9,032 1 595 5,666 6,526 <td>=</td> <td>910</td> <td>1911</td> <td>1912</td> <td>1913</td> <td>Н</td> <td>જ</td> <td>3</td> <td>4</td> <td>Total</td> <td>Total</td>	=	910	1911	1912	1913	Н	જ	3	4	Total	Total
287 1,734 2,021 791 2,263 340 3,394 587 10,341 10,928 2,608 2,959 2,074 2,365 10,006 6,353 6,353 1,563 10,492 1,436 13,491 1 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 6 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 9 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 3 2,437 4,298 4,298 2,169 4,444 1,145 1,274 9,032 1 595 5,656 6,251 959 4,992 66,557 1 66,752 125,283 23,163 4,444 1,145 1,274 9,032 1 66,752 5,656 6,557 23,567 21,699 4,99	:	:	15,206	9,116	24,322	730	2,990	1,547	2,810	8,077	32,399
687 10,341 10,928 2,668 2,959 2,074 2,365 10,006 6,353 6,353 1,563 10,492 1,436 10,409 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 6,905 4,298 4,298 2,169 4,444 1,145 1,274 9,032 5,656 6,251 959 4,992 66,557 25,556 27,699 43,431 25,667 119,960 3	:	:	287	1,734	2,021	:	. 791	2,263	340	3,394	5,415
6,352 6,353 6,353 6,353 1,1436 1,563 10,492 1,436 13,491 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 3,350 6,905 4,298 2,169 4,444 1,145 1,274 9,032 5,656 6,251 959 4,992 66,557 5,566 6,251 959 4,943 1,145 19,992 5,566 6,251 959 4,992 66,567 119,960 3,990	:	:	282	10,341	10,928	2,608	2,959	2,074	2,365	10,006	20,934
6,322 11,965 18,287 2,141 2,184 3,662 3,860 11,847 14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 6,905 4,298 4,298 2,169 4,444 1,145 1,274 9,032 5,656 6,251 959 4,992 66,557 25,553 23,163 27,699 43,431 25,667 119,960 3	:	:			6,353		1,563	10,492	1,436	13,491	19,844
14,099 33,492 47,591 7,283 1,580 5,500 3,285 17,648 27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 3,350 6,905 4,298 4,298 2,169 4,444 1,145 1,274 9,032 5,656 6,251 959 4,992 66,557 152,531 219,283 23,163 27,699 43,431 25,667 119,960 3	:	:	6,322	11,965	18,287	2,141	2,184	3,662	3,860	11,847	30,134
27,219 41,702 68,921 6,063 6,443 6,081 3,350 21,937 2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 3,350 6,905 4,298 4,298 2,169 4,444 1,145 1,274 9,032 595 5,656 6,251 959 4,992 606 6,557 66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960 3	:	:	14,099	33,492	47,591	7,283	1,580	5,500	3,285	17,648	65,239
2,437 21,154 23,591 1,851 2,285 3,939 2,991 11,066 6,720 6,720 318 1,501 1,736 3,350 6,905 4,298 4,298 2,169 4,444 1,145 1,274 9,032 595 5,656 6,251 959 4,992 606 6,557 66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960 3	:	:	27,219	41,702	68,921	6,063	6,443	6,081	3,350	21,937	90,858
6,720 6,720 6,720 318 1,501 1,736 3,350 6,905 595 5,656 6,251 959 4,992 6,557 6,557 66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960 3	:	:	2,437	21,154	23,591	1,851	2,285	3,939	2,991	11,066	34,657
595 5,656 6,251 959 4,444 1,145 1,274 9,032 66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960	:	:		6,720	6,720	318	1,501	1,736	3,350	6,905	13,625
595 5,656 6,251 959 4,992 606 6,557 66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960	:	:		4,298	4,298	2,169	4,444	1,145	1,274	9,032	13,330
66,752 152,531 219,283 23,163 27,699 43,431 25,667 119,960	:	:	595	5,656	6,251		959	4,992	909	6,557	12,808
	:	:	66,752	152,531	219,283	23,163	27,699	43,431	25,667	119,960	339,243

Table 15.—Dispensary Summary Number of Persons Treated by Physicians, by Years.

				Prior to		1913 (1913 (by quarters)	rs)		Grand
State	1910	1911	1912	1913	П	5	3	4	Total	Total
Азавата		:		4,516	711	801	226	1,887	3,625	8,141
Arkansas	:	:	:	1,923		:	:	1,500	1,500	3,423
Georgia	:	7,228	6,887	14,115	:		:	5,733	5,733	19,848
Kentucky	:	:	15,750	15,750	:	21,033	:	8,687	29,720	45,470
Louisiana	:		:	7,530	1,157	1,148	1,050	1,656	5,011	12,541
Mississippi		15,803	10,201	26,004	:	:	:	5,614	5,614	31,618
North Carolina	8,000	16,709	15,859	40,568	3,784	3,232	2,932	1,955	11,903	52,471
South Carolina		1,774	10,840	12,614	:	:	:	:	:	12,614
Tennessee		999	584	1,250	29	99	34	95	262	1,512
Texas		:	3,230	3,230	466	235	174	810	-1,685	4,915
Virginia	:	4,420	1,627	6,047		:		1,264	1,264	7,311
Totals	8,000	46,600	64,978	133,547*	6,185	26,515	4,416	29,201	66,317	199,864

*See note following table No. 16.

TABLE 16.—Dispensary Summary

TOTAL NOMBER OF PERSONS TREATED, BY YEARS.

ž		,	,	Prior to		1913 (by quarters)	luarters)			Grand
State	1910	1161	1912	1913	1,	2	3	4	Total	Total
Alabama. Arkansas. Georgia. Kentucky Louisiana. Mississippi. North Carolina.	000,8	15,206 287 7,815 6,322 6,322 29,902 43,928 43,928	9,116 17,228 22,103 11,965 43,693 57,561 31,964	28,838 3,944 25,043 22,103 25,817 73,595 109,489 36,205 7,070	1,441 2,608 3,298 7,283 9,847 1,851	3,791 22,959 22,596 3,332 1,580 9,675 2,675	1,773 2,263 2,263 10,492 4,712 5,500 9,939 1,770	4,697 1,840 8,098 10,123 5,516 8,899 5,991 2,991	11,702 4,894 15,739 43,211 16,858 23,262 33,840 17,167	40,540 8,838 40,782 65,314 42,675 96,857 143,329 47,1371
TexasVirginia		5,015	7,528	7,528	2,635	4,679 959	1,319	2,084 1,870		18,245 20,119
Total	8,000	113,352	113,352 217,509	352,830*	29,348	54,214	47,847	54,868	186,277	539,107

*In the column headed "Prior to 1913" there are included 4.516 persons treated for Alabama, 1,923 for Arkansas, 7,530 for Louisiana, that could not be itemized by years because of a lack of uniformity in the early State records. The column "Prior to 1913" is, consequently, 13,969 in excess of the total number of persons reported as treated for 1910, 1911 and 1912.

Table 17.—Dispensary Summary, Treatments, 1913

, to the state of		NUMBER	F Persons	NUMBER OF PERSONS AND TIMES TREATED	Твеатвр	-	Total No	To+01 W.
Down C	One	, Two	Three	Four	, Five	Six	of Persons Treated	
Alabama	8,077	2,562	559	163	80		8.077	11.381
Arkansas	3,394	292	31	1			3,394	3,993
Georgia	10,006	2,047	544	127	33	6	10,006	12,766
Kentucky	13,491	138	:				13,491	13,629
Louisiana	11,847,	3,895	726	12			11,847	16,480
Mississippi	17,648	16,495	14,014	19	9	:	17,648	48,182
North Carolina	21,937	17,290	13,826	793	159	54	21,937	54.059
South Carolina	11,066	8,691	7,527	6,637	904	448	11,066	35,273
Tennessee	6,905	5,326	2,718	132	20	2	6,905	15,106
Texas	9,032	1,807	364	28			9,032	11,231
Virginia	6,557	6,550	6,534				6,557	19,641
Total	119,960	65,368	46,843	7,912	1,142		119,960	241,741
						_		

Table 18.—Enlisting the Physicians, 1913.

	Number	Number	ther Number Number Number	Number	Number	Cases
State	Physicians in State	Visits to Physicians	Lectures to Physicians	Letters to Physicians	Bulletins to Physicians	Treated by Physicians
Alabama	2,350	305	10	287		8,141
Arkansas	3,600	462	55		7,022	3,423
Georgia,	3,120	140	18	3,340	9,183	19,848
Kentucky	3,340	5,227		16,610	32,139	45,470
Louisiana	2,039	265	9	7,850	5,275	12,541
Mississippi	1.783	, 229	က	,815	1,042	31,618
North Carolina	1,847	384	4	5,674	32,309	52,471
South Carolina	1,303	381	00	150	12,339	12,614
Tennessee	3,400	975	12	1,408	1,073	1,512
Texas	5,126	209	00	11,661	1,108	4,915
Virginia	2,357	491	6	6,900	4,600	7,311
Total	30,265	9,914	133	54,695	106,090	199,864

*This table includes only the work of the field directors; not that of the central office.

Table 19.—Putting a Stop to Soil Pollution.
Educating the People.

State	Тн		E SCHOO		Through Lect	
State	Number of Teachers in State	By Visit	By	By Bulletin or Leaflet	No. Lectures Given	Est. No. Attend- ing
Alabama Arkansas Georgia Kentucky Louisiana Mississippi North Carolina South Carolina Tennessee Texas Virginia	9,220 10,175 8,714 9,487 6,403 10,166 8,422 4,255 9,233 21,277 9,000	471 2,199 129 384 360 1,646 214 22 483 300 405,	287 	340 122 1,593 1,186 4,503 45,520 1,068 1,491	335 507 711 1,698 566 1,452 75 168 100 566 620	33,460 50,139 36,663 250,151 58,919 108,062 7,131 17,350 10,709 46,596 52,015
Total	106,352	6,613	9,088	55,823	6,798	671,195

Table 20.—Putting a Stop to Soil Pollution.*
Educating the People.

		OMITICO III	120122.		
	Through Bulletins		Through th	ne Press	
State	Number of Bulletins and Leaflets	Number of Papers in State	Personally Visited	Letters to Press	Articles Furnished
Alabama	94,611	235	25	2	140
Arkansas		290	139		207
Georgia	26,605	311	33		6
Kentucky	67,060	289	411	38	365
Louisiana	80,614	198	53	64	79
Mississippi	100,294	234	146	68	275
North Carolina.	192,423	255	120	1,474	208
South Carolina.	82,100	156	66	31	161
Tennessee	44,742	252	79	61	78
Texas	128,687	933	97	69	191
Virginia	67,000	211	38		110
Total	884,136	3,364	. 1,207	1,807	1,820

^{*}This table includes only the work of the field directors; not that of the central office.

Table 21. County Appropriations (by years).

		NO OO	TOTTINO	COOKI IIII WILLIAM (BI IEMES):	יודטתו זה	٠/٠			•
	_				1913	1913 (by quarters)	(1		
State	1910	1911	1912	1	2	8	4	Total	Grand Total
Alabama	00 09	\$ 1,560 00 \$	\$ 1,925 00 \$	\$ 741 00 \$	\$ 200 00	\$ 400 00	\$ 925 00 \$	\$ 2,266 00	\$ 5,811 00
Arkansas	-	20 00	200 00		29 029	00 006	2,150 00	3,670 62	3,920 62
Georgia		300 00	2,950 00	750 00	800 00	842 50	420 00	2,842 50	6,092 50
Kentucky			1,950 00	220 00	2,600 00	1,100 00	400 00	4,650 00	00 009'9
Louisiana		1,077 50	1,563 00	300 00	1,025 00	1,171 00	820 00	3,346 00	5,986 50
Mississippi	181 50	1,672 48	4,938 99	1,090 00	1,864 92	1,900 00	00 006	5,754 92	12,547 89
North Carolina		4,245 28	10,161 59	3,350 16	4,219 03	3,400 00	1	10,969 19	25,879 06
South Carolina		101 20	29 066	275 00	200 00	750 00	850 00	2,675 00	3,766 87
Tennessee	1	450 00	1,200 00	221 65	450 00	400 00	00 006	1,971 65	3,621 65
Техва		1	4,200 00	00 009	2,400 00	1,200 00	2,100 00	6,300 00	10,500 00
Virginia		400 00	1,200 00		300 00	820 00		1,150 00	2,750 00
Total	\$ 241 50	\$ 9,859 46	241 50 \$ 9,859 46 \$ 31,279 25 \$ 8,177 81	\$ 8,177 81	\$ 14,979 57	\$ 12,913 50	\$ 14,979 57 \$ 12,913 50 \$ 9,525 00 \$ 45,595 88		\$ 86,976 09
							-	The same of the sa	

Table 22. County Expenditures (by years).

					19	1913 (by quarters)	118)		Grand
State	1910	1911	1912	1	23	e	4	Total	Total
Alabama		\$ 1,086 60	\$ 974 90	\$ 167 57	\$ 352 63	\$ 274 50	\$ 379 70	\$ 1,174 40	\$ 3,235 90
Arkansas		20 00	64 22	,	213 41	488 63	758 77	1.460 81	1,575 03
Georgia		89 25	1,885 58	552 78	769 50	385 42	785 58	2,493 38	4,468 21
Kentucky			1,750 00		1,150 00	2,500 00	100 00	3,750 00	5,500 DG
Louisiana	1 2 2 3 5 6 6 7	502 50	1,613 00	710 00	416 40	819 30	892 00	2,837 70	4,953 20
Mississippi	1	561 47	4,025 46	1,228 48	918 59	1,459 97	1,401 11	5,008 15	9,595 08
North Carolina	1	3,431 86	8,161 36	1,889 39	2,017 25	2,480 00	1,169 92	7,556 56	19,149 78
South Carolina	1	47 05	600 87	160 00	143 10	210 25	255 18	768 53	1,416 45
Tennessee		1	716 08	246 33	219 63	446 19	587 59	1,499 74	2,215 12
Texas			1,059 97	855 10	1,685 35	1,471 50	1,272 70	5,284 65	6,344 62
Virginia	•	152 30	200 00		200 00	200 00	300 00	1,200 00	1,852 30
Total		\$ 5,921 03	\$ 21,351 44	\$ 5,809 65	\$ 8,085 86	\$11,235 76	\$ 7,902 65	\$33,033 92	\$ 60,306 39

Table 23. Expenditures of Commission (by years).

					31	1913 (by quarters)	ers)		
State	1910	1911	1912	1	5	8	4	Total	Grand Total
Alabama	\$ 1,444 32	\$ 10,401 98	\$ 12,135 78	\$ 3,437.27	\$ 3,695 21	\$ 3,570 51	\$ 3,883 89	\$ 14,586 88	\$ 38,568 96
Arkansas	4,474 20	13,376 06	13,243 41	3,245 35	3,404 32	3,633 46	3,725 16	14,008 29	45,101 96
Georgia	6,933 86	17,011 03	15,726 44	4,381 58	4,113 45	4,009 23	4,077 88	16,584 14	56,255 47
Kentucky			14,823 41	4,794 66	5,859 08	4,604 65	4,629 64	19,888 03	34,711 44
Louisiana	549 119	10,497 60	14,260 40	4,133 44	3,659 84	3,812 86	3,828 82	15,424 96	40,742 95
Mississippi	0,283 11	17,504 08	10,611 34	5,211 45	4,840 03	5,369 24	4,927 57	20,348 29	63,746 82
North Carolina	9,948 76	18,621 06	19,153 84	4,489 65	5,067 93	3,833 49	3,406 63	16,797 70	64,521 36
South Carolina	4,029 91	12,133 112	14,086 83	3,239 33	4,054.55	3,953 75	4,078 61	15,318 24	45,568 90
Tennessee	5,002 20	15,330 91	16,514 06	3,810 78	3,860 31	4,007 68	3,386 88	15,065 05	51,912 82
Техия			4,117 #6	3,103 35	3,298 58	3,062 35	3,304 15	12,768 43	16,886 39
Virginia	8,353 09	14,778 43	13,637 16	3,332 92	3,803 05	3,849 14	3,436 11	14,421 22	51,189 90
Total Administrative Expenses	\$ 47.019 44 19,787 91	\$120,655 07 18,752 07	\$157,310 63 27,360 97	\$ 43,175 78 4,992 04	\$45,656 35 5,673 98	\$ 43,706 36 4,440 56	\$ 42,683 34 5,571 59	\$175,221 83 20,678 17	\$ 509,206 97 86,573 12
Grand total	\$ 66,807 35	\$148,407 14	\$184,071 60 \$ 48,167 82	\$ 48,167 82	\$ 51,330 33	\$ 51,330 33 \$ 48,148 92 \$ 48,254 93	\$ 48,254 93	\$195,900 00	\$ 595,780 09
Victoria de la constanta de la									

CHAPTER II.

SUMMARY OF ACTIVITIES AND RESULTS BY STATES.*

ALABAMA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Autauga	Dr. Orr	430	228	-53.0
Baldwin	Dr. Perdue	632	454	71.8
Chambers	Dr. Orr	380	54	14.2
Chilton	Dr. Grote	982	694	70.6
Clarke	Dr. Perdue	473	367	77.5
Hale	Dr. Caldwell	761	468	61.5
Lamar	Dr. Grote	431	349	80.9
Marengo	Drs. Caldwell			
•	and Grote	1,034	606	58.6
Mobile	Drs. Grote and			
	Caldwell	1,360	708	52.0
Tuscaloosa	Dr. Orr	2,745	857	31.2
Walker	Drs. Grote and			
•	Orr	1,724	391	22.6
Washington	Dr. Caldwell	1,350	821	60.8
		12,302	5,997	48.7

II. SANITARY SURVEY.

Doctor and County			TYPE OF PRIVY							
	A	В	С	D	E	F	Total	Index		
Dr. Orr—Autauga	1			14	30 179 56 149 90 50 143 155 29 52 121	97 29 189 96 59 173 93 42 148 155 103 1,184	141 208 245 245 149 223 236 198 177 207 224 2,253	4.61 8.60 2.28 6.08 6.04 2.24 6.05 7.82 1.65 2.51 5.40		

^{*}All summaries will be found in the tables in chapter I.

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	324 886 886 110 1,733 875 877 731 1,162 1,464 1,458 1,458	11,381
	Six		
Treater	Five	n2 616100 00	08
то Тімев	Four	53 830 21 7 7 19 11 11	163
NUMBER PERSONS AND TIMES TREATED	Three	20 39 47 47 46 51 51 51 51	559
мвек Ре	Two	76 200 200 400 514 1198 1180 1193 1172 1172	2,562
Z O	One	228 642 682 1,059 503 503 502 502 891 1,120 588 786	8,077
scopic ns	Total	529 664 654 1,845 1,220 768 2,043 2,191 4,611 1,638	19,770
Number Microscopi Examinations	.geN	274 199 583 873 106 566 273 1,145 1,242 3,499 2,548	12,022
Num	Pos.	255 465 70 70 972 369 654 495 898 1,112 585 924	7,748
Amount		\$ 65 00 20 00 111 63 50 00 50 35 52 22 133 50 109 70 175 00 112 00	\$1,174 40
Amount	priation	\$ 150 00 150 00 150 00 150 00 150 00 150 00 150 00 150 00 175 00 175 00 175 00	\$1,716 00
Doctor and County		Dr. Orr—Autauga. Dr. Perdue—Baldwin. Dr. Orr—Chambers. Dr. Grote—Chilton. Dr. Perdue—Clarke. Dr. Caldwell—Hale. Dr. Grote—Lamar. Dr. Grote and Caldwell—Mobile. Dr. Grote & Orr—Walker. Dr. Grote & Orr—Walker. Dr. Grote & Orr—Walker.	Total

	Total During 1913
Number specimens examined. Number specimens showing hookworm infection.	73 22
Number specimens showing Ascaris	[1
Number specimens showing Oxyuris	1 26 46
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 2,500) Number of physicians personally visited	30 1
Number of letters or post cards to physicians.	28
Number physicians reporting treating Uncinariasis Number of persons reported treated by physicians	3,62
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors). 1. By Public Lectures: Note that the people is a second of the people is a second o	33 33,46
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers	47
3. Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed Number other literature distributed	94,61
4. Through the Press: Number papers personally visited.	2

ARKANSAS.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Clark	Dr. Campbell Dr. Campbell Dr. Jacocks Dr. Fly Dr. Bradford Dr. Campbell Dr. Bradford Dr. Campbell Dr. Bradford Dr. Fly Dr. Bradford Dr. Fly Dr. Bradford	590 612 1,289 336 603 348 736 1,427 391 269 940	101 7 27 64 124 7 421 439 60 17	17.1 1.1 2.1 19.0 20.56 2.01 57.2 30.76 15.34 6.3 44.04
	Total	7,541	1,681	22.2

II. SANITARY SURVEY.

			T	PE O	F PRIV	¥		Sanitary
Doctor and County	A	В	С	D	Е	F	Total	Index
Dr. Campbell—Conway Dr. Jacocks—Faulkner Dr. Fly—Independence Dr. Bradford—Lee Dr. Campbell—Miller Dr. Campbell—Ouachita Dr. Bradford—St. Francis Dr. Campbell—Sevier Dr. Campbell—Farancis					120 112 159 142 211 231 459 228 293 308	240 375 347 536 309 113 133 486 111 197	360 487 506 678 520 344 592 714 404 505	3.33 2.3 3.14 2.09 4.05 6.71 7.75 3.19 7.25 6.09
Total					2,263	2,847	5,110	

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	151 256 15 872 872 59 181 181 10 441 615 896 836 836 836 837 838 838 838 838 838 838 838 838 838	3,993
	Six		
Тяватвр	Five		
D TIMES	Four		1
REONS AN	Тъгее	E 14 04 12	31
Number Persons and Times Treated	owT	21 18 18 75 14 14 50 50 67 67	567
Na	One	127 238 11 796 26 167 9 378 561 382 175	3,394
copic	Total	1,126 440 1,246 1,695 2,456 2,456 1,256 1,364 1,504 1,908	17,169
Number Microscopic Examinations	Neg.	997 1,233 882,427 768 549 634 1,307 1,138	13,018
Numb	Pos.	129 243 13 13 813 28 187 10 622 531 197 770	4,151
Amount	Expended	\$ 155 96 104 28 152 25 149 72 197 37 121 15 20 62 130 10 188 54 110 27	\$1,460 81
Amount of County	Appro-	\$ 200 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00 250 00	\$2,070 62
Doctor and County		Campbell—Clark Fly—Cleveland Ely—Cleveland Empbell—Conway Fly—Dallas Endford—Lve Fly—Lonoke Fly—Lonoke Fly—Lonoke Fly—Lonoke Fly—Lonoke Fly—Endfle Empbell—Miller Campbell—Outochita Gamphell—Serier Gamphell—Serier Bradford—Woodruff	Total

	Total During 1913
Number specimens examined. Number specimens showing hookworm infection. Number specimens showing Ascaris. Number specimens showing Hymenolepis. Number specimens showing Tribocephalus. Number specimens showing Toxiocephalus. Number specimens showing Tenia Saginata. Other Parasites. Number specimens showing infection. Number specimens negative.	444 78 11 11 5 4 8 112 334
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 3,600) Number of physicians personally visited. Number of lectures to physicians	462 55 7,022
Number physicians reporting treating Uncinariasis	1,500
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).	
1. By Public Lectures: Number public lectures delivered Estimated number attending.	507 50,139
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers	2,199
Through the Press: Number papers personally visited Number letters to editors Number stricles furnished for publication	139

GEORGIA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Ben Hill	Dr. Henry	488	385	78.
Bulloch	Dr. Dobbs	376	344	91.4
Burke	Dr. Wood	369	357	96.74
Hall	Dr. Verner	573	407	70.9
Hancock	Dr. Wood	373	151	40.48
Irwin	Dr. Henry	303	292	96.3
Jefferson	Dr. Wood	288	262	90.9
Jenkins	Dr. Wood	422	400	94.78
Liberty	Dr. Abercrombie	266	239	89.94
Rabun	Dr. Abercrombie	445	254	57.0
Screven	Dr. Henry	796	771	96.0
Stephens	Dr. Verner	209	156	74.6
Wayne	Dr. Abercrombie	692	555	80.2
Wilcox	Dr. Wood	213	143	67.13
Wilkes	Dr. Wood	270	128	47.4
	Total	6,083	4,844	79.6

II. SANITARY SURVEY.

Sanitary survey, based on an inspection of privy conditions at at least 100 country homes.

Doctor and County		Type of Privy						
	A	В	С	D	E	F	Total	Sanitary Index
Dr. Henry—Ben Hill Dr. Dobbs—Bulloch Dr. Wood—Burke Dr. Abercrombie—Clinch Dr. Henry—Dooly. *Dr. Verner—Hall Dr. Wood—Hancock Dr. Henry—Irwin Dr. Dobbs—*Jackson Dr. Wood—Jenkins Dr. Wood—Jenkins Dr. Wood—Jenkins Dr. Wood—Jenkins Dr. Abercrombie—Meintosh Dr. Abercrombie—Meintosh Dr. Abercrombie—Meintosh Dr. Abercrombie—Henry Dr. Henry—Screven Dr. Verner—Stephens Dr. Wood—Warren Dr. Abercrombie—Wayne Dr. Henry—Wilcox Dr. Henry—Wilcox Dr. Henry—Wilcox Dr. Wood—Wilkes					192 249 96 190 167 159 195 163 201 181 115 188 135 84 513 242 405 82 183	[17 00 138 50 7 239 88 13 54 98 55 85 22 61 134 115 57 5 23	209 309 234 240 174 398 283 212 217 299 236 200 210 135 647 357 179 410 106	9.18 8.05 4.1 7.9 9.6 3.99 6.89 9.4 7.5 6.72 7.6 8.95 10. 5.79 7.9 6.87 6.87 8.95
Total		Ì			4,062	1,445	5,507	

^{*}Re-survey 1913.

1

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	2, 294 2,	12,766
	Six	ω	6
Treate	Five	-4 -	33
тр Тімев	Four	∞0ccα44 125c40 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	127
Number Persons and Times Treated	Three	888 888 888 888 888 888 888 888 888 88	544
ивен Рв	Two	8241 8242 8351 8351 8351 8351 8351 8351 8351 8351	2,047
Ä	One	707 707 707 707 707 707 707 707 707 707	10,006
scopic	Total	804 1,163 1,163 1,163 2,282 2,282 2,282 3,083 3,08 3,08 3,08 3,08 3,08 3,08 3,48 3,48 3,48 3,48 3,48 3,48 3,48 3,4	16,211
Number Microscopic Examinations	Neg.	2877 2207 2207 2207 203 203 203 203 203 203 203 203 203 203	6,626
Numl	Pos.	524 604 1115 223 127 177 177 177 641 167 601 244 1508 1,508 1,508 337 247 247 278 377 287 287 287 287 287 287 287 287 287 2	9,585
Amount	пописати	\$ 149 25 40 1440 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 1450 25 14	\$2,493 38
Amount of County	priation	\$ 150 00 150 00 150 00 150 00 150 00 150 00 150 00 100 00 100 00 100 00 100 00 100 00 150 00	\$2,842 50
Doctor and County		Henry—Ben Hill Dobbs—Bulloch Wood—Burker A bercrombie—Charlton A bercrombie—Charlton A bercrombie—Ginch Henry—Dooly Henry—Lrwin Wood—Hancock Henry—Irwin Wood—Jefferson Wood—Jefferson Wood—Jefferson Wood—Jefferson Wood—Jefferson Wood—Jefferson Dobbs and Henry—Ekabun Dobbs and Henry—Screven Screven A bercrombie—Ware Screven A bercrombie—Ware Wood—Warren A bercrombie—Ware Wood—Warren A bercrombie Wood—Warren A bercrombie Wood—Warren Henry—Wilcox	Total

*Indicates second round of Dispensary work.

	Total During 1913
Number specimens examined Number specimens showing hookworm infection. Number specimes showing Ascaris Number specimens showing Hymenolepis. Number specimens showing Trichocephalus.	57 82
Number specimens showing Fascialis Hepatica. Number specimens showing Oxyuris. Number specimens showing Strongyloides. Number specimens showing Tenia Saginata. Number specimens showing infection, 31 double.	2 1
Number specimens negative V. WORK OF GENERAL PRACTITIONERS OF MEDIC	2,059
	GIIVE.
(Number of Physicians in State, 3,120) Number of physicians personally visited. Number of lectures to physicians. Number of circulars or bulletins to physicians. Number of letters or post cards to physicians.	140 18 9,183 3,340
Number physicians reporting treating Uncinariasis	426 5,733
VI. EDUCATING THE PEOPLE IN SANITATION (By Field Directors).	
1. By Public Lectures: Number public lectures delivered Estimated number attending	711 36,663
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers	129 75 340
By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed.	21,370 1,435 3,800
4. Through the Press: Number papers personally visited	93

VII. NOTES ON WORK OF THE YEAR.

- 1. The State Board of Education, in classifying its schools, requires under the heading "Standard County School" that two sanitary privies be provided. Up to this time thirty-nine schools have qualified as "standards."
- 2. Every physician in Georgia, and 143 senior medical students, have been provided with charts on soil pollution and hookworm diseace.
- 3. Definite instruction on hookworm disease is given by the two Georgia medical colleges in grade "A".
- 4. Hookworm disease has been eradicated from Jekyll's Island.
 5. The State Board of Education adopted Ritchie's "Primer of Sanitation" and Hutchinson's Health Series for use in the public schools of Georgia during the next five years.

KENTUCKY

KENTUCKY.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Christian. Clark Harlan Harrison Jefferson Laurel Leslie McCreary Madison Pulaski Rockcastle Rowan Whitley Franklin	Dr. Richmond Dr. Shirley Dr. Lock Dr. Shirley Dr. Richmond Dr. Lock Dr. Steele Dr. Steele Drs. Lock and Shirley Dr. Steele. Dr. Lock Dr. Lock Dr. Shirley Dr. Shirley Dr. Steele Dr. Lock Dr. Steele Dr. Shirley Dr. Steele Dr. Steele Dr. Steele	1,173 3,024 5,477 2,022 4,852 9,340 3,364 5,250 3,981 8,009 3,747 2,830 9,503 518	22 263 2,279 39 469 3,956 2,149 2,504 745 1,608 803 1,524 3,960 24	1.9 8.7 41.6 1.9 9.6 42.0 63.8 47.7 18.7 20.0 21.4 53.8 40.1
Bell. Hickman Knox. Warren.	Dr. Lock	9,177 1,404 7,919 551	2,912 20 $3,052$ 42	31.7 1.4 38.5 7.6
		82,141	26,371	32.1

II. SANITARY SURVEY.

Doctor and County		Type of Privy						
Doctor and Country	A	В	С	D	E	F	Total	Index
Dr. Richmond—Christian Dr. Shirley—Clark				7 45	120 1,297	15 736	145 2,078	11.5 6.7
Dr. Lock—Harlan Dr. Shirley—Harrison Dr. Lock—Laurel	44	39	1 1 1	73	16 587 132	261 288 388	1,032 528	.075 14.6 2.92
Dr. Steele—Leslie Dr. Steele—McCreary Dr. Shirley—Madison		I	11	1 41	52 521 207	303 263 91	356 837 298	1.53 7.74 6.94
Dr. Steele—Pulaski Dr. Lock—Rockcastle Dr. Shirley—Rowan				6 5 2	273 59 811	621 105 2,079	901 469 2,892	3.25 1.52 2.82
Dr. Lock—Whitley Dr. Richmond—Ballard Dr. Richmond—Fulton			40	241 32	61 424 288	231	292 705 330	2.08 17.3 12.6
Dr Richmond—Union Dr. Richmond—McCracken Dr. Lock—Clay			3	365 215	200 191	247	615 415 725	15.08 17.77 1.3
Dr. Richmond—Hickman	47		108	125	496 5,735	124	785	12.8
Total	1 2/	1 20	1100	11100	0,100	[U₁000	13,681	

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	2,138 2,138 1,187 1,804 1,804 2,880 2,880 1,406 1,406 1,099	13,629
0	Six		
TREATE	Five		
d Times	Four		
Number Persons and Times Treated	Three		
wber Pe	Two	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	138
N	Опе	2,096 2,096 37 9 76 1,788 1,788 2,379 2,379 1,436 1,436 1,074	13,491
scopic ns	Total	1,173 4,957 1,654 1,554 1,554 1,560 2,606 2,800 3,381 2,419 5,488	50,436
Number Microscopic Examinations	Neg.	1,151 2,861 1,983 1,983 1,417 1,417 5,881 2,746 2,746 2,944 2,944 3,269	33,225
Numk	Pos.	22,096 84 137 137 1,788 1,788 2,504 2,504 1,608 1,608 1,608 2,219	17,211
Amount	Expended	\$ 500 00 00 00 00 00 00 00 00 00 00 00 00	\$3,750 00
Amount	Appro- priation	\$ 200 00 00 00 00 00 00 00 00 00 00 00 00	\$3,750 00
Doctor and County		Christian—Richmond Harlan—Lock Harrison—Shiley Clark—Shirley Jafferson—Richmond Jatreson—Richmond Lausl—Lock Leslic—Steele Madison—Lock & Shiley Pulaski—Steele Rockastlo—Lock Rowan—Shirley Whitley—Lock	Total

	Total During 1913			
Number specimens examined. Number specimens showing hookworm infection. Number specimens showing Ascaris. Number specimens showing Hymenolepis.	26,078 7,264 7,958 535 2,897			
umber specimens showing Trichocephalus umber specimens showing Oxyuris. umber specimens showing Tenia Saginata umber specimens showing infection umber specimens negative.				
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.			
(Number of Physicians in State, 3,340) Number of physicians personally visited	5,227 75 32,139 16,610			
Number physicians reported treated Uncinariasis	314 29,720			
VI. EDUCATING THE PEOPLE IN SANITATION (By Field Directors). 1. By Public Lectures: Number public lectures delivered. Estimated number attending.	1,698 250,151			
Through the Schools: Number teachers visited. Number letters to teachers. Number pamphlets and bulletins to teachers.	384			
3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed.	67,060			
4. Through the Press: Number papers personally visited. Number letters to editors. Number articles furnished for publication.	411 38 365			

LOUISIANA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

Parish	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Avoyelles	Dr. Adams	785	52	6.6
Bossier	Drs.Baucum and			
	Trezevant	1,152	414	35.9
Jackson	Dr. Trezevant	2,838	2,267	79.8
Red River	Dr. Baucum	524	234	44.6
Sabine	Dr. McKinney	2,502	1,208	48.2
Allen	Dr. McKinney	1,480	757	51.1
Ascension	Dr. Adams	376	40	10.6
Beauregard	Dr. McKinney	3,100	1,866	60.2
Calcasieu	Dr. McKinney	1,414	463	32.7
Caldwell	Dr. Trezevant	2,625	1,310	49.9
East Baton				
Rouge	Dr. Adams	1,054	209	19.8
East Feliciana	Dr. Adams	750	159	21.2
Grant	Dr. Baucum	2,038	1,222	59.9
Iberville	Dr. Adams	243		
LaSalle	Dr. Baucum	1,357	704	51.8
Natchitoches	Dr. Baucum	1,194	647	54.1
Quachita	Dr. Wright	703	493	70.1
Point Coupee	Dr. Adams	219	3	1.3
West Feliciana.	Dr. Adams	417	8	1.9
	Total	24,771	12,056	48.9

II. SANITARY SURVEY.

3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
	TYPE OF PRIVY							Sanitary
Dector and Parish		В	С	D	E	F	Total	Index
Dr. Adams—Avoyelles Drs. Baucum and Trezevant—Bossier Dr. Trezevant—Jackson Dr. Baucum—Red River Dr. McKinney—Sabine Dr. McKinney—Allen Dr. McKinney—Allen Dr. McKinney—Beauregard Dr. McKinney—Calcasieu Dr. Trezevant—Caldwell Dr. Adams—East Baton Rouge Dr. Adams—East Baton Rouge Dr. Adams—Iberville Dr. Adams—Iberville Dr. Adams—Natchitoches Dr. Wright—Ouachita Dr. Adams—Point Coupee Dr. Adams—West Feliciana Dr. Adams—West Feliciana	4	2	15	195 	210 162 108 71 39 160 177 275 200 321 167 91 244 38 133 215 181 170 153	5 178 455 134 422 140 10 173 31 582 63 133 21 176 118 317 40	410 340 564 205 461 305 291 448 244 904 292 224 368 214 251 539 290 211 253	17.0 4.7 1.9 3.4 6.41 16.6 6.1 9.5 3.555 11.3 4.0 15.3 1.7 5.29 4.2 13.8
Total	N.	4	50	581	3,115	3,059	6,813	

LOUISIANA

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	1,030 2,599 2,599 1,389 1,311 1,702 1,705 1,075 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775 1,775	16,480
	Six		
Treate	Five		
то Тімев	Four	2 2 2 2 2 2	12
Number Persons and Times Treated	Three	2	726
MBER PE	Two	255 252 252 463 90 90 407 287 383 383 383 387 777 777	3,895
ŭ	One	757 40 40 1,814 414 463 1,197 1,250 1,554 1,554 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208	11,847
scopic ns	Total	1,480 3,100 3,100 1,1152 1,1152 1,1152 2,033 1,194 2,538 2,532 2,532 2,532 1,194 1,194 1,194 1,194 1,194 1,194 1,194 1,195 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,198 1,1	24,606
Number Microscopic Examinations	Neg.	723 336 738 738 951 1,235 951 1,215 543 541 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 187 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,294 1,	12,621
Numk	Pos.	757 40 52 1.866 414 414 413 1,310 1,222 2,267 2,267 2,267 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,208 1,	11,985
Amount	nanvadva	\$ 200 00 00 00 00 00 00 00 00 00 00 00 00	\$2,837 70
Amount of Parish	priation	\$ 200 00 00 00 00 00 00 00 00 00 00 00 00	\$3,296 00
Doctor and Parish		Porter—Allen Adams—Ascension Addams—Ascension McKinney—Beauregard Bautum—Bossier Porter-Calcasieu Adams—Calcwell Adams—Batoum—Bautum—Bautum—Natchitoohea Bautum—Natchitoohea Adams—Port Coupee McKinney—Sabne McKinney—Sabne Adams—Waton Kouge Adams—Waton Kause Bautum—La Salle	Total

	Total During 1913
Number specimens examined. Number specimens showing hookworm infection. Number specimens showing Ascaris. Number specimens showing Hymenolepis. Number specimens showing Trichocephalus. Number specimens showing Oxyuris. Number specimens showing Tenia Saginata. Number specimens showing infection.	1,862 418 98 14 99 2
Number specimens negative	1,231
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 2,039) Number of physicians personally visited	265 6
Number of circulars or bulletins to physiciansNumber of letters or post cards to physicians	5,275 7,850
Number physicians reporting treating Uncinariasis. Number of persons reported treated by physicians.	185 5,011
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).	
By Public Lectures: Number public lectures delivered Estimated number attending	566
Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers	360 1,293 1,593
By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed.	44,272 8,899 27,443
Through the Press: Number papers personally visited	53 64 79

VII. NOTES ON WORK OF QUARTER.

1. Reports show that 1,606 sanitary privies were built in the rural com-

munities of Louisiana during 1913.

2. Mr. W. N. Meyer, Superintendent, Camp Curtis, Calcasieu parish, offered to his employes one month's house rent free for the person who had the cleanest premises, the field director of the sanitary commission to act as Judge.

3. The work has been endorsed and recommended to other parishes by the police jury and school board in practically every parish in which the campaign has been conducted.

4. The superintendents of education in the twenty-two parishes reporting, have stated that 272 closets were built during the year 1913, twentyfour of which were water-flush and 216 Stiles's sanitary closets.

MISSISSIPPI.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Smith	Dr. Whitfield Dr. Howard Dr. Howard Dr. Howard Dr. Howard Dr. Howard Dr. Buchanan Dr. Buchanan Dr. Buchanan Dr. Buchanan Dr. Buchanan Dr. Buchanan Dr. Gill Dr. Gill Dr. Dedwylder Dr. Boswell Dr. Boswell Dr. Boswell	1,795 1,348 1,003 1,562 1,608 1,276 2,157 1,547 393 1,251 1,934 1,832 2,181 2,547 1,753 3,140 1,184 1,063 1,071 847 1,458 519 804 775 2,562 1,320 1,098	1,556 725 149 20 240 188 1,211 18 14 6 51 970 122 1,456 1,091 2,490 815 231 158 4 149 27 5 161 1,336 1,42 21	86.6 53.7 14.8 , 01 14.9 14.7 56.1 .03 .004 .02 52.9 .05 57.1 62.2 79.02 68.8 21.7 14.7 .004 10.2 52.9 .05 57.1 62.2 79.02 68.8 21.7 14.7 .004 .004 .005 .006 .007 .007 .008 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .009 .0
	Total	40,028	13,356	33.3

^{*}Indicates second survey.

II. SANITARY SURVEY.

		Type of Privy						Sanitary
Doctor and County	A	В	С	D	E	F	Total	Index
Dr. Howard—Lauderdale. Dr. Howard—Grenada. Dr. Howard—Hinds. Dr. Howard—Hinds. Dr. Howard—Madison. Dr. Whitfield—Rankin. Dr. Whitfield—Chickasaw Dr. Whitfield—Chickasaw Dr. Whitfield—Chickasaw Dr. Whitfield—Webster Dr. Buchanan—Noxubee Dr. Buchanan—Noxubee Dr. Buchanan—Nowton. Dr. Buchanan—Marion Dr. Buchanan—Hawrence "Dr. Buchanan—Hawrence "Dr. Buchanan—Hawrence "Dr. Buchanan—Hawrence "Dr. Buchanan—Hawrence "Dr. Buchanan—Grefsrson Dr. Dedwylder—Claiborne Dr. Dedwylder—Claiborne Dr. Dedwylder—Adams Dr. Dedwylder—Adams Dr. Gill—Kemper Dr. Gill—Kemper Dr. Gill—Lowades Dr. Boswell—Prentiss Dr. Boswell—Prentiss Dr. Boswell—Lee Dr. Boswell—Clay Dr. Boswell—Clay Dr. Boswell—Elay Dr. Boswell—Benton Dr. Buchanan—Jeff Davis	1	1	30	111	766 159 345 316 230 44 163 53 16 529 486 4580 212 785 905 122 158 141 32 298 441 32 446 446 472	663 400 325 284 182 169 219 92 173 219 1,327 619 1,057 886 587 451 388 278 262 255 252 271 1,235	1,431 559 670 603 414 213 382 302 108 529 497 827 523 446 1,952 831 1,842 1,846 709 529 529 497 827 523 456 1,952 831 1,842 1,846 709 529 529 497 827 1,846 709 529 529 497 827 71 72 73 74 75 75 75 75 75 75 75 75 75 75	5.3 2.8 5.1 5.3 5.9 2.06 4.2 1.7 1.4 10. 10.3 7.9 5.8 10. 3.93 2.5 4.3 6.4 1.7 2.5 5.2 1.0 5.3
Dr. Buchanan—Washington Dr. Buchanan—Neshoba. Dr. Dedwylder—Harrison. Dr. Dedwylder—George				10 12	215 71 148 83	65 166 166 51	237 324 146	7.6 2.9 5.3 7.7
Total	1	· 2	100	50	9,326	11,326	20,805	

^{*}Indicates second survey.

III. WORK OF COUNTY DISPENSARIES.

Tota Treat-	ments	2,428 2,428 3,417 3,417 3,417 3,121 3,121 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137 3,137	48,182
	Six		
TREATEI	Five	2 1 3	9
NUMBER PERSONS AND TIMES TREATED	Four	4 1 II	19
RSONS AN	Three	1,960 1778 1778 1778 1778 1,960 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,126 1,12	14,014
мвек Ре	Two	1,971 1778 330 2,467 2,467 2,67 11,26 1,126 1,126 2,689 1,1640 1,480 2,689 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,073 1,0	16,495
N	One	2 1972 2 1972 2 1972 2 1973 2 1974 2 1975 2 1975	17,648
copic	Total	3,061 2,283 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015 3,015	69,987
Number Microscopic Examinations	Neg.	874 874 874 874 874 874 874 874 874 874	52,519
Numb	Pos.	2,187 196 340 340 340 1,891 1,127 1,127 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,934 1,	17,468
Amount	Expended	\$ 255 81 1983 26 1983 47 1983 47 198 47 100 100 100 100 100 100 100 100 100 100	\$5,008 15
Amount	Appro- priation	\$\$ 250 81 50 60 60 60 60 60 60 60 60 60 60 60 60 60	\$5,976 73
Doctor and County		Dr. Whitfield—Smith Dr. Whitfield—Rankin. Dr. Whitfield—Chicksasw Dr. Whitfield—Webster. Dr. Whitfield—Webster. Dr. Whitfield—Webster. Dr. Howard—Lauderdale Dr. Howard—Lauderdale Dr. Howard—Leffore. Dr. Howard—Leffore. Dr. Howard—Cropish Dr. Buchanan—Copish Dr. Buchanan—Nextuee Dr. Gill—Ckitbbeha Dr. Gill—Ckitbbeha Dr. Gill—Ckitbbeha Dr. Gill—Ckitbbeha Dr. Gill—Ckitbbeha Dr. Dedwylder—Calhoun Dr. Dedwylder—Calhoun Dr. Dedwylder—Calhoun Dr. Bowwell—Prentiss Dr. Bowwell—Lee—Ton Dr. Bowwell—Lee Dr. Bowwell—Clay	Total

*Indicates second round of dispensary work.

	Total During 1913
Number specimens examined Number specimens showing hookworm infection Number specimens showing Ascaris Number specimens showing Hymenolepis. Number specimens showing Trichocephalus	2,605 004 23 5
Number specimens showing Oxyuris Number specimens showing Tenia Saginata	4 1
Number specimens showing infection Number specimens negative	697 1,908

V. WORK OF GENERAL PRACTITIONERS OF MEDICINE.

(Number of Physicians in State, 1,783) Number of physicians personally visited	677 3 1,042 815
Number physicians reporting treating Uncinariasis. Number of persons reported treated by physicians	592 5,614

VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).

By Public Lectures: Number public lectures delivered Estimated number attending	1,452 108,062
Through the Schools: Number teachers visited. Number letters to teachers	1,646 2,615 1,186
3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed	54,481 21,007 24,806
4. Through the Press: Number papers personally visited Number letters to editors Number articles furnished for publication	146 68 275

VII. NOTES ON WORK OF THE YEAR.

1. The results obtained in Mississippi during 1913 greatly exceed those obtained during any previous year since the organization of the work.

2. The number of treatments are less, however, due to the fact that the campaign has

been conducted in lightly infected counties.

3. It is most remarkable that the response for examination for hookworm disease has been even greater than during the two preceding years, although the work was done previous to 1913 in the heavily infected counties. This shows that the people have been educated. cated concerning public health work to a considerable extent. It is not nearly so difficult now as at the outset to obtain the co-operation of the public in this work.

4. Much emphasis has been placed on lecturing to the colored schools during the present year.

5. The salaries of county health officers have been increased in many counties during the present year.

6. There has been a marked improvement in the sanitary condition of the towns and cities of the State.

7. The Bureau of Vital Statistics has been splendidly organized and the results obtained during the past year are most encouraging.

8. The work of the laboratory has greatly increased during the year 1913, and it is now

upon a thoroughly organized basis.

9. The women's clubs have given much more active support to health work than perhaps during any corresponding period in the history of the State. These clubs can be and are being used most effectively in improving the sanitary environment of the communities and towns of the State.

10. The sanitary conditions of the homes and schools of the State is steadily improving.

11. During the present year a conference was held for the benefit of county and municipal health officers, and there were present from seventy-nine counties of the State sixtyfive county health officers. The meeting was pronounced successful from every point of view.

12. During the State Fair the State Board of Health prepared a large health exhibit,

which was seen by at least 25,000 people.

NORTH CAROLINA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Alamance Alexander Alleghany Avery Cabarrus Camden Caswell Cherokee Clay Currituck Dare Durham Forsyth Guilford Haywood Hoke Hyde Jackson	Dr. Washburn Dr. Jacocks Dr. Sloan Dr. Jacocks Dr. Jacocks Dr. Jacocks Dr. Leonard Dr. Washburn Dr. Absher Dr. Collinson Dr. Leonard Dr. Jacocks Dr. Sloan Dr. Jacocks Dr. Sloan Dr. Sloan Dr. Jones Dr. Washburn Dr. Hughes Dr. Pridgen Dr. Absher	1,126 1,891 617 1,533 1,476 664 627 1,050 669 1,526 1,025 297 665 524 1,680 585 749 1,202	224 1,290 10 62 47 240 84 737 301 543 335 120 269 90 170 365 280 774	19.9 68.2 1.6 4.05 3.1 36.1 13.3 70.1 44.9 35.5 32.6 40.4 40.4 17.1 10.1 62.3 37.3 64.3
Macon Madison Mecklenburg. Moore Pamlico Pasquotank Perquimans. Person Polk Rockingham Swain Transylvania Tyrrell.	Dr. Absher Dr. Collinson Drs. Covington and Jacocks Dr. Hughes Dr. Strosnider Dr. Jacocks Dr. Leonard Dr. Sloan Dr. Covington Dr. Sloan Dr. Washburn Dr. Covington Dr. Pridgen	1,614 847 2,695 1,270 829 978 895 644 1,370 1,235 1,652 561 877	1,212 110 324 671 522 102 163 245 1,065 666 842 175 468	75.0 12.9 12.0 52.7 62.8 10.4 18.2 38.0 77.7 53.9 50.9 31.1 53.3
Union Vance Washington *Scotland *Watauga	Dr. Covington Dr. Sloan Dr. Pridgen Dr. Hughes Dr. Jacocks	3,452 538 888 231 338	90 206 528 89 7	2.6 38.2 59.4 38.5 2.0
	Total	38,820	13,434	34.5

^{*}Surveys made in 1912, but complete work not reported.

II. SANITARY SURVEY.
Sanitary survey, based on an inspection of privy conditions at at least 100 country homes.

Doctor and County		Type of Privy						Sanitary	
Decor and County	A	В	С	D	Е	F	Total	Index	
Dr. Washburn—Alamance Dr. Jacocks—Alexander Dr. Sloan—Alleghany Dr. Jacocks—Avery Dr. Jacocks—Cabarrus Dr. Leonard—Camden Dr. Washburn—Caswell Dr. Absher—Cherokee Dr. Collinson—Clay Dr. Leonard—Currituck Dr. Jacocks—Dare Dr. S can—Durham Dr. Sloan—Forsyth Dr. Washburn—Haywood Dr. Hughes—Hoke Dr. Pridgen—Hyde Dr. Absher—Jackson Dr. Absher—Maccon Dr. Absher—Maccon Dr. Collinson—Madison Drs. Covington and Jacocks—Meck	1 3	1	1	39	281 46 20 62 82 115 127 93 100 106 274 111 206 100 110 206	170 160 116 199 173 21 101 235 485 95 220 45 87 110 169 534 281 255 407	498 206 145 261 256 136 262 330 392 332 146 201 415 290 386 367 671	9.1 2.2 2.3 3.6 8.7 1.8 9.3 3.6 8.7 3.1 8.7 1.8 9.3 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7 8.7	
lenburg. Dr. Hughes—Moore. Dr. Strosnider—Pamlico. Dr. Jacocks—Pasquotank. Dr. Leonard—Perquimans Dr. Sloan—Person. Dr. Covington—Polk Dr. Sloan—Rockingham. Dr. Washburn—Swein. Dr. Covington—Transylvania. Dr. Pridgen—Tyrrell. Dr. Covington—Union. Dr. Sloan—Vance. Dr. Pr dgen—Wash ngton.	1	1	12	1 9 119	348 777 39 182 140 144 48 134 76 119 102 150 88 280 4,457	226 168 194 171 191 184 190 129 162 166 225 93 286 6,287	575 245 233 353 179 335 232 214 281 270 375 181 566 10,893	6.0 3.1 1.67 5.15 7.8 4.3 2.06 4.2 4.2 4.2 4.0 4.8 4.94	

Total Treat-	ments	1,080 6,886 6,887 6,835 6,835 6,835 1,228 1,328 1,338 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,108 1,	54,059
	Six		0.
Number Persons and Times Treated	Five	10 4 C C C C C C C C C C C C C C C C C C	159
т Тимев	Four	60 mm r r r 1 80 11 11 10 10 10 10 10 10 10 10 10 10 10	793
REONS AN	Three	24.05.05.05.05.05.05.05.05.05.05.05.05.05.	13,826
жвек Ре	Two	1,520 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150 1,150	17,290
Nu	One	1,794 1,194 1,194 1,194 1,196 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562 1,562	21,937
copic	Total	7. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	104,607
Number Microscopic Examinations	Neg.	22,273,270,270,270,270,270,270,270,270,270,270	81,869
Numb	Pos.	1,872 224 224 224 322 322 322 322 323 323 32	22,738
Amount	Expended	230 334 250 250 34 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35 250 35	\$7,556 56
Amount of County	Appro- priation	\$ 250 00 00 00 00 00 00 00 00 00 00 00 00 0	\$8,988 88
Doctor and County		Washburn—Alamance—Jacoks—Alexander Jacoks—Alexander Jacoks—Alexander Jacoks—Alexander Jacoks—Avey Jacoks—Avey Jacoks—Avey Jacoks—Abarus Mashburn—Caswell Jacoks—Cheroke Collinson—Clay Jacoks—Dare Jaconard—Curtituck Jacoks—Dare Jaconard—Crayen Jacoks—Durhan Jacoks—Bayanden Mesklenburs—Elaywod Hughes—Hoke Absher—Macison Colinson—Macison Mesklenburs—Elaywod Jacoks—Paniloo Jacoks—Jacoks Jacoks Jacok	Total

*Indicates second round of dispensary work

	Total During 1913
Number specimens examined. Number specimens showing hookworm infection Number specimens showing Ascaris. Number specimens showing Hymenolepis Number specimens showing Trichocephalus Number specimens showing Oxyuris Number specimens showing Strongyloides. Number specimens showing Tenia Saginata Number specimens showing infection Number specimens showing infection	3,280 410 272 80 6 7 3 778 2,502
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 1,847) Number of physicians personally visited. Number of lectures to physicians. Number circulars or bulletins to physicians. Number of letters or post cards to physicians. Number physicians reporting treating Uncinariasis. Number of persons reported treated by physicians. VI. EDUCATING THE PEOPLE IN SANITATION.	384 4 32,309 5,674 67 11,903
(By Field Directors).	
By Public Lectures: Number public lectures delivered Estimated number attending	75 7,131
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers.	214 1,250 4,503
By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed Number other literature distributed	74,300 41,262 76,861
4. Through the Press: Number papers personally visited. Number letters to editors Number articles furnished for publication.	120 1,474 208
5. Miscellaneous: Circulars	9,200

VII. NOTES ON WORK OF THE YEAR.

1. Ninety-nine of the one hundred counties in the State have made appropriations for dispensary work. It has been completed in ninety-six of these counties, and two counties have had second campaigns.

2. Hookworm disease has been practically eradicated from Knott's Island, where there live 567 persons, 130 families. 560 of these persons have been examined for hookworm disease; ninety-four were found infected, and 92 have been treated. This community employs a physician for his entire time. Considerable headway has been made in examining the residents for malaria, and in treating those found to be carriers.

3. North Carolina now has ten whole-time health officers and a supervising State director. Two additional counties provided funds for the

employment of whole-time health officers.

SOUTH CAROLINA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Abbeville. Aiken. Anderson. Barnwell. Berkley. Cherokee. Dorchester. Fairfield. Georgetown. Greenville. Greenwood. Lancaster. Laurens. Newberry. Pickens. Union. York.	Dr. Routh Dr. Riser Dr. Routh Dr. Howell Dr. Rodgers Dr. Rodgers Dr. Howell Dr. Howell Dr. Howell Dr. Howell Dr. Rodgers Dr. Rodgers Dr. Routh Dr. Routh Dr. Routh Dr. R. dgers Dr. Riser Dr. Riser Dr. Routh Dr. Routh Dr. R. dgers Dr. Riser Dr. Riser Dr. Routh	306 967 1,458 545 322 625 1,304 389 378 2,208 379 1,481 1,293 586 1,011 690 457	34 476 422 425 298 190 802 117 344 1,396 14 467 242 41 567 180	11.1 49.2 28.9 77.9 92.5 30.4 61.5 30.0 91.0 63.2 .037 31.5 18.7 6.9 56.0 26.0 22.5
	Total	14,399	6,118	42.4

II. SANITARY SURVEY.

		- ,/						
D			Sanitary					
Doctor and County		В	С	D	E	F	Total	Index
Dr. Routh—Abbeville Dr. Riser—Aiken Dr. Routh—Anderson Dr. Howell—Barnwell Dr. Radgers—Cherokee Dr. Rodgers—Cherokee Dr. Howell—Fairfield Dr. Howell—Fairfield Dr. Howell—Georgetown Drs. Howell—Georgetown Dr. Riser—Greenwood Dr. Routh—Hampton Dr. Routh—Newberry Dr. Rodgers—Pickens Drs. Rodgers—In Howell—Sumter Drs. Rodgers—In Howell—Sumter	5 17 2 1				97 211 108 90 38 62 122 105 36 250 155 153 177 107	140 104 134 131 87 98 84 168 210 250 57 65 100 133	237 320 259 221 125 160 206 273 246 500 214 218 279 241	4.0 8.1 10.7 4.0 3.0 3.8 5.9 3.8 1.4 5.0 7.0 7.0 4.8 5.5 5.5 6.5
Dr. Riser—Union	27				1,887	137	3,888	3.6

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	215	2,104	1,901	2,509	1,958	9,742	380	1,910	1,155	2, 733	32.00	1,018	1,097	35,273
	Six	2	41-	33	27	. 62	311				-	1	4	=	448
Твеаты	Five	16	18	17	123	6	589	003	10	63	110	63	ج ج	77	904
то Тімев	Four	35	430 588	399	180	452	1,878	68	214	185	218	2	736	702	6,637
NUMBER PERSONS AND TIMES TREATED	Three	38	456	437	354	459	2,057	3 80	479	211	601	78	739	877	7,527
IMBER PE	Two	331	530	472	541	464	2,284	69	553	367	713	91	723	7.17	8,691
Nt	One	69	666	286	1,247	571	2,623	172	654	390	895	116	303	999	11,066
scopic ns	Tctal	789	3,537	861	2,717	802	6,429	260	2,234	2,598	2.459	277	1,652	1,080	37,438
Number Microscopic Examinations	Neg.	719	2,871	3,488	1,468	231	4,011	88	1,577	2,199	1.541	157	1,376	1,30%	26,127
Numk	Pos.	70	999	1 004	1,249	571	2,418	172	657	399	918	120	276	100	11,311
Amount	nenmedyn		48 43 55 25				164 00	22 00	45 00	8°	31 50	2000	200	70 00	\$ 768 53
Amount	priation		100 001					100 88							\$1,975 00
Doctor and County		Routh—Abbeville	Routh—Anderson Howell—Barnwell	Riser—Berkley.	Rodgers—Dorchester Howell—Fairfield	*Howell—Georgetown Riser and Howell—Green-	ville	*Routh—Hampton	Rodgers-Lancaster	Routh—Laurens	Rodrers—Pickens	*Rodgers—Sumter	Kiser—Union	HOWELL—I ORK	Total

*Indicates second round of dispensary work.

	Total During 1913
Number specimens examined. Number specimens showing hookworm infection. Number specimens showing Ascaris. Number specimens showing Hymenolepis. Number specimens showing Trichocephalus. Number specimens showing Oxyuris. Number specimens showing Tenia Saginata. Number specimens showing infection.	8,09 1,21: 8 21:
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	6,58
(Number of Physicians in State, 1,303) Number of physicians personally visited Number of lectures to physicians Number of circulars or bulletins to physicians Number of letters or post cards to physicians.	38 12,33
Number physicians reporting treating Uncinariasis	
Number physicians reporting treating Uncinariasis. Number of persons reported treated by physicians. VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).	
VI. EDUCATING THE PEOPLE IN SANITATION.	
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors). 1. By Public Lectures: Number public lectures delivered.	168
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors). 1. By Public Lectures: Number public lectures delivered. Estimated number attending. 2. Through the Schools: Number teachers visited. Number letters to teachers.	168 17,350 22 1,470

TENNESSEE.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Anderson. Blount. Bradley. Campbell. Cocke. Greene. Hickman. Montgomery. Obion. Rhea. Roane. Robertson. Smith.	Dr. Townsend Dr. Lee Dr. Lee Dr. Townsend Dr. Robinson Dr. Yancey Dr. Robinson Dr. Yancey Dr. Robinson Dr. Lee Dr. Lee Dr. Yancey Dr. Lee Dr. Robinson	439 1,227 764 1,041 1,401 200 200 395 202 528 1,470 223 200	188 806 217 555 800 78 10 14 1 269 737 2 56.	42.8 65.6 28.4 53.3 57.1 39.0 5.0 3.5 49 50.9 50.1 .09 28.0
	Total	8,290	3,733	45.0

II. SANITARY SURVEY.

		Type of Privy									
Doctor and County		В	С	D	E	F	Total	Index			
Dr. Townsend—Anderson. Dr. Lee—Blount. Dr. Lee—Bradley. Dr. Townsend—Campbell. Dr. Robinson—Cocke. Dr. Robinson—Dickson. Dr. Yancey—Greene. Dr. Robinson—Hawkins. Dr. Robinson—Hickman. Dr. Yancey—Knox. Dr. Robinson—Lewis. Dr. Robinson—Cocke. Dr. Robinson—Obion. Dr. Lee—Rhea. Dr. Lee—Rhea. Dr. Lee—Roane. Dr. Yancey—Robertson.	8			5 -1 -7 -25 -6 -1 3 3	90 162 107 1111 60 65 118 42 30 31 34 20 78 247 146 94	120 132 97 92 139 42 126 158 169 326 280 151 651 104 103	210 294 209 203 200 107 251 200 200 100 300 235 898 251 200 206	4.28 5.5 5.7 5.4 3.1 6.0 5.4 2.1 1.75 17.35 .94 3.9 2.7 5.9 5.0 5.12			
Dr. Robinson—Smith————————————————————————————————————			3-4	32 83	58 71 1,662	248 94 3,173	306 200 4,930	8.3			

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	3 576 9 8789 688 11 241 2 932 1 1 166 1 1 649 1 1 649 1 1 649 1 1 649 1 1 649 1 2 6	15,106
	Six	-44	5
Treater	Five	8 1 8	20
NOMBER PERSONS AND TIMES TREATED	Four	41 00 44 47 00 44	182
RSONS AN	Three	935 935 935 40 149 932 933 932 933 933 935 935 935 935 935 935 935 935	2,718
мвев Ре	Two	1,354 256 486 486 955 955 118 185 185 185 185 185 185 185 185 1	5,326
No	One	1,573 366 750 999 999 13 498 59 24 28 555 555 66 944 66 66 67 68 68 69 69 69 69 69 69 69 69 69 69 69 69 69	6,905
copic	Total	1,045 3,675 2,263 2,263 1,716 1,042 1,042 1,808 1,240 1,240 1,240 1,240 1,240	23,343
Number Micrascopic Examinations	Neg.	765 1,417 1,417 1,431 1,491 1,130 983 409 579 579 579 579 1,256 1,256 1,054 1,035 1,035 1,035	16,129
Numb	Pos.	1,575. 1,575. 1,575. 1,65. 1,1,146. 1,146. 1,146. 1,146. 1,146. 1,146. 1,146. 1,146. 1,146.	7,214
Amount	Expended	\$ 57 60 234 09 115 96 115 96 115 96 194 45 101 44 101 45 86 80 7 90 1 2 165 1 50 00 1 12 74 95 63 96 33	\$1,499 74
Amount of County	Appro- priation	\$ 100 00 150 00	\$1,K21 65
Doctor and County		Townsend—Anderson—Lee—Blontt. Lee—Bradley Townsend—Campbell Breeding—Cumbelland Breeding—Cumbelsand Brotey—Greene Itobiuson—Hickman Itobiuson—Hickman Jackson— Jackson—Putnan Lee—Rhes Roane—Compended Roane—Roane—Roane Roane Roane—Roane—Roane—Roane Roane—Roane—Roane—Roane—Roane—Roane Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roane—Roa	Total

	Total During 1913
Number specimens examined Number specimens showing hookworm infection.	72
Number specimens showing Ascaris	7; 110
Number specimens showing Hymenolepis Number specimens showing Trichocephalus	18 38
Number specimens showing Oxyuris	
Number specimens showing infection	11
Number specimens negative	618
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 3,400)	
Number of physicians personally visited	97. 1
Number of circulars or bulletins to physicians	1,07
Number of letters or post cards to physicians.	1,40
Number physicians reporting treating Uncinariasis	14 26
VI. EDUCATING THE PEOPLE IN SANITATION.	
(By Field Directors).	
1. By Public Lectures:	-
Number public lectures delivered	10
	10,70
2. Through the Schools:	48
2. Through the Schools: Number teachers visited	15
2. Through the Schools: Number teachers visited	15
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers.	15 1,06
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers 3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed	15 1,06 44.74
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers 3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed	15 1,06 44,74
2. Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers 3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed Number other literature distributed 4. Through the Press:	15 1,06 44,74
Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers 3. By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed Number sanitary-privy leaflets distributed Number other literature distributed	48: 15: 1,06: 44,74:

VII. NOTES ON WORK OF THE YEAR.

1. The growth of interest among the people in sanitation has been remarkable during 1913. Counties, in many instances, have been slow to appropriate \$150.00 to \$200.00 for county campaigns. On the last meeting day four counties appropriated \$250.00 each.

2. Dr. Lee examined the prisoners working in the State mines at Petros,

with the following results:

Per Cent. Number Number Examined Infected Infected. 100 22 22 191 0

The negroes all came from the country districts where infection might be expected. All new prisoners are now examined, and treated if infection is found.

3. As the outcome of three years' agitation a model Vital Statistics law has been enacted and put into operation.

TEXAS 75

TEXAS.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection
Harris Jefferson Liberty Polk San Jacinto Walker Houston San Augustine. Grimes Panola Waller Orange Smith Brazoria Robertson Shelby Brazos Austin Henderson Navarro	Dr. Hoch	1,665 526 600 861 626 839 706 534 804 517 467 407 525 305 275 1,151 677 372 950 1,169	926 64 361 487 546 480 388 447 388 195 225 192 60 31 59 430 33 22 253 169	55.6 12.1 60.1 56.5 87.2 57.2 54.9 83.7 48.2 37.7 48.1 11.4 10.1 21.4 37.3 4.8 5.9 26.6 14.4
	Total	13,976	5,756	41.2

II. SANITARY SURVEY.

Dr. Hoch—Harris												
Dr. Hoch—Harris			Type of Privy									
Dr. Ferrell—Jefferson	Doctor and County	A	В	С	D.	E	F	Total	Index			
	Dr. Ferrell—Jefferson Dr. Judkins—Liberty Dr. Brownlee—San Jacinto Dr. Judkins—Walker Dr. Ferrell—Houston Dr. Judkins—San Augustine Dr. Brownlee—Grimes Dr. Judkins—Panola Dr. Brownlee—Grimes Dr. Judkins—Panola Dr. Ferrell—Orange Dr. Judkins—Smith Dr. Ferrell—Brazoria Dr. Brownlee—Robertson Dr. Judkins—Shelby Dr. Brownlee—Brazos Dr. Ferrell—Austin Dr. Judkins—Henderson Dr. Judkins—Shelby Dr. Ferrell—Austin Dr. Judkins—Henderson	44	2 2	2 2 2224 1 59	94 	195 5 71 32 100 98 237 141 61 42 45 	40 100 221 282 43 188 255 420 4 423 144 423 112 323 4 40 345 18	313 192 298 320 323 286 494 657 398 466 215 286 224 805 313 557 252	.58 23.3 11.5 2.38 2.25 33.7 3.42 4.8 6.02 36.5 1.0 5.1 54.2 5.0 6.13 15.8 5.9 13.6			
Total 136 291 324 934 2,731 3,509 7,925			I]					20.7			

III. WORK OF COUNTY DISPENSARIES.

Total Treat-	ments	1,566 128 1,054 1,113 801 801 920 920 920 193 194 110 901 901 901 106 90 901 106 901 106 901 106 901 106 106 106 106 106 106 106 106 106 1	11,231
	Six		
TREATE	Five		
D TIMES	Four	4 6 6 2 2	788
NUMBER PERSONS AND TIMES TREATED	Three	40000040004400001410000100	364
мвев Ре	Two	2888 2888 2888 2888 2888 288 288 288 28	1,807
N	One	1,498 886 699 1,050 7,10 7,10 7,10 8,81 33,0 33,0 33,0 4 4 60 60 60 81 81 81 81 81 81 81 81 81 81 81 81 81	9,032
copic	Tptal	4, 200 1, 832 1, 532 1, 532 1, 510 1, 510 1, 510 1, 510 1, 432 1, 432 1, 432 1, 843 1, 843 1, 843 1, 844 1, 846 1, 846 1, 640 1, 640 1, 640 1, 840 1, 840 1, 840 1, 640 1,	30,453
Number Microscopic Examinations	Neg.	2,631 1,508 1,209 1,250 1,250 1,014 1,014 1,308 1,124 1,221 1,221 1,221 1,221 1,221 1,221 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321 1,321	21,296
Numb	Pos.	1,569 601 601 609 11,050 714 715 715 715 715 715 717 716 717 717 717 717 718 718 718 718 718 718	9,416
Amount	Expended	\$ 262 60 292 50 00 00 00 00 00 00 00 00 00 00 00 00	\$5,284 65
Amount	Appro- priation	000000000000000000000000000000000000000	\$6,000 00
	Doctor and County	Hoch—Harris Ferrell—Jefferson Judkins—Liberty Ferrell—Polk Brownlee—San Jackot Judkins—Walker Ferrell—Houston Judkins—San Augustine. Brownlee—Grimes Brownlee—Waller Ferrell—Drange Judkins—Sanith Ferrell—Brazoria Brownlee—Robinson Judkins—Shelby	Total

IV. WORK OF LABORATORY.

IV. WORK OF LABORATOR 1.	
	Total During 1913
Number specimens examined Number specimens showing hookworm infection Number specimens showing Ascaris Number specimens showing Hymenolepis Number specimens showing Trichocephalus Number specimens showing Oxyuris Number specimens showing Tenis Saginata	4
Number specimens showing infection Number specimens negative	1,001
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	CINE.
(Number of Physicians in State, 5,126) Number of physicians personally visited. Number of lectures to physicians. Number of circulars or bulletins to physicians. Number of letters or post cards to physicians.	607 8 1,108 11,661
Number physicians reporting treating Uncinariasis Number of persons reported treated by physicians	844 1,685
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).	
By Public Lectures: Number public lectures delivered Estimated number attending	566 46,596
Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers	300 1,491 1,491
By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed.	55,512 24,567 48,608
4. Through the Press: Number papers personally visited Number letters to editors Number articles furnished for publication	97 69 191
5. Miscellaneous: Number county officials visited Number letters to county officials Number pamphlets and bulletins sent to county officials	578 2,280 6,840

VII. NOTES ON WORK OF THE YEAR.

1. The campaign in Texas covers an eighteen-months' period. The people are recognizing that sanitation is necessary for good health.

2. \$10,500 has been appropriated for campaigns in thirty-five counties.
3. Infection has been demonstrated in seventy-five counties; the eastern one-third of the State. The physicians in the remaining two-thirds of Texas have not had the opportunity to treat hookworm disease. Of the 2,200 physicians in the infection area, 1,002 have reported treating 4,915 cases of hookworm disease.

4. The rural school teachers and trustees have been our greatest help

in reaching the rural homes.

VIRGINIA.

I. INFECTION SURVEY.

Infection survey, based on an examination of at least 200 children between the ages of 6 and 18 years, taken at random from the country.

County	Surveyed by	Number Examined	Number Infected	Per cent. of Infection	
Albemarle	Dr. Brumfield. Dr. Miller Dr. Miller Dr. Miller Dr. Miller Dr. Kolmer Dr. Brumfield. Dr. Brumfield. Dr. Miller Dr. Lickle Dr. Brumfield. Dr. Miller Dr. Miller Dr. Miller Dr. Miller Dr. Miller Dr. Lickle Dr. Kolmer Dr. Kolmer Dr. Brumfield. Dr. Brumfield. Dr. Brumfield. Dr. Brumfield.	330 373 1,303 451 918 404 840 485 201 1,969 218 1,029 1,250 951 989 589 490 863 340 220 815	83 52 393 82 264 95 391 16 87 759 45 210 316 97 188 59 89 245 21 396	25. 1 13. 9 30. 1 18. 2 28. 7 23. 5 46. 5 3. 3 43. 2 38. 5 20. 6 20. 4 25. 2 10. 2 19. 0 10. 0 18. 1 28. 4 9. 5 48. 6	
	Total	15,028	3,893	25.9	

II. SANITARY SURVEY.

Sanitary survey, based on an inspection of privy conditions at at least 100 country homes.

Doctor and County		Type of Privy					Sanitary	
		В	С	σ	E		Total	Index
Dr. Fisher—Buckingham Dr. Fisher—Franklin Dr. Fisher—Henry Dr. Fisher—Patrick Dr. Fisher—Roanoke. Total	2	1		4 4 3 -14 25	76 122 86 53 167	123 80 122 152 20 497	203 207 211 205 203 1,029	4.2 6.7 4.4 2.6 10.9

III. WORK OF COUNTY DISPENSARIES.

Total Treat- ments		2,739 906 2,151 1,914 1,914 1,481 1,481 1,095 1,095 1,095 1,095 1,116	19,641
Number Persons and Times Treaded	Six		
	Five		\$ { { { { { { { { { { { {}}}}}}
ND TIMES	Four		
ERSONS A	Three	900 302 717 638 2,332 497 146 12 365 79 155	6,534
UMBER P	Two	916 302 717 717 638 19 2,332 497 146 79 79 155 365 79	6,550
Z	One	923 302 717 638 638 2,332 497 12 365 79 155 372	6,557
copic	Total	2,051 1,993 1,993 3,304 9,013 3,158 1,403 1,032 2,049 1,032 2,049 1,032 2,165	30,220
Number Microscopic Examinations	Neg.	1,128 1,679 1,679 1,276 2,666 2,661 1,257 1,257 1,684 953 1,73 1,73 1,73	23,663
	Pos.	923 302 717 638 2,332 497 146 12 365 79 155	6,557
Amount	Expended	* 100 00 00 00 00 00 00 00 00 00 00 00 00	\$1,200 00
Amount of County Appro- priation		\$ 100 00 00 00 00 00 00 00 00 00 00 00 00	\$1,300 00
Doctor and County		Wise—Brumfield Dickenson—Brumfield Banover—Miller Appomattox—Miller Roanoke—Lickle Pr. Edward—Miller Pr. Edward—Miller Pr. Edward—Miller Tasewell—Brumfield Sussex—Kolmer Amella—Miller Charlotte—Brumfield Sussex—Kolmer Amella—Miller Charlotte—Brumfield Buckingham—Kolmer	Total

IV. WORK OF LABORATORY.

	Total During 1913
Number specimens examined Number specimens showing hookworm infection Number specimens showing Ascaris. Number specimens showing Hymenolepis Number specimens showing Trichocephalus. Number specimens showing Oxyuris Number specimens showing Tenia Saginata. Number specimens showing infection Number specimens showing infection	8,021 1,338 1,587 26 229 15 3,127 4,894
V. WORK OF GENERAL PRACTITIONERS OF MEDIC	INE.
(Number of Physicians in State, 2,357) Number of physicians personally visited	491 9 4,600 6,900
Number physicians reporting treating Uncinariasis. Number of persons reported treated by physicians.	363 1,264
VI. EDUCATING THE PEOPLE IN SANITATION. (By Field Directors).	
By Public Lectures: Number public lectures delivered Estimated number attending	620 52,015
Through the Schools: Number teachers visited Number letters to teachers Number pamphlets and bulletins to teachers.	405 450
By Bulletins, Leaflets and Other Literature: Number bulletins and leaflets distributed. Number sanitary-privy leaflets distributed. Number other literature distributed.	37,000 30,000
4. Through the Press: Number papers personally visited Number letters to editors	38
Number articles furnished for publication	110

VII. NOTES ON WORK OF YEAR.

1. During the year 102 privies were built at rural colored schools in the twenty-five counties which now have a colored rural school supervisor.

2. The State Board of Education has served notice on all local boards of school trustees that sanitary privies must be erected during the coming year under penalty of withdrawal of State aid.

3. On Lincoln's birthday 35,000 colored children received instruction in the sanitary catechism prepared by the Department, and including

matter on hookworm disease.

4. A personal visit by the State Director to Richmond county, where work was first begun in May, 1910, showed marked improvement in the economic conditions of the inhabitants of the heavily infected Haynesville district. (See map, fig. 19.)

5. During the year, through co-operation with the University of Virginia and the State Health Department, complete medical inspection was made of the school children of Orange county, including examination for animal

parasites

6. During the year 903 treatments were sent to physicians upon request for their patients.

CHAPTER III.

HALF-TONE ILLUSTRATIONS



age 18 months. Infected; and at age of 85 in McCreary Co., best families. Showing that hookworm does not ask "Who's who." a. Lou Maddison, Bradley Co., Tenn, improved with treatment. One of a family of twelve all infected. b. This couple infected Ky. c. Two infected girls who live in house seen in background. Members of one of Miss.



Fig. 2.—Hookworm disease is no respecter of race. a. and c. Lena Bell Tolan, of Arkansas, age 11 years, weight 33 pounds, under treatment. b. Negro farmer of Rowan Co., N. C., age 46. Infected. Treated at free dispensary.



-Showing effects of hookworm disease. a. Small boy is Herrod Moore, of Heber Springs, Ark, called "Chalky" from the extreme pallor of his face. "Chalky" is 18 years old, weighs 82 pounds, uses chewing tobacco, snuff, and profane language, the is uncle of the larger boy, is two months older and 60 pounds lighter than his nephew, who is not infected. b. Three heavily infected children; ages 13, 9, 7 years. The boy was treated for consumption. 20 grs. of thymol brought 234 hookworms, a dwarf tape worm and almost complete recovery. Wise Co., Va. c. Isaac Shores, of stokes Co., N. C. Severe infection. Note the "angel wings" shoulder blades and the "pot belly," characteristic symptoms.



perverted. Joseph Fowler, Cocke Co., Tenn., "has eaten one whole Cocke Co., Tenn. c. J. H. Brookfield and Franklin Crow, ages 12 Texas boy with moderate infection. Fig. 4—Showing effects of hookworm disease. a. Appetite often Bible and almost all of a second one." b. Typical infection. years. The development of body and mind retarded. d.



Fig. 5—Showing effects of hookworm disease. a. Two South Carolina boys the same age. The smaller one is severely infected. b. Severe infection, Mecklenburg Co., Va. The anemia is severe. c. Severe infection in a Kentucky boy. Note the fish-like stare in b and c, a characteristic symptom.



E.g. 6-Showing effects of hookworm disease. Anemic ulcers commonly seen in cases of severe hookworm disease.



Fig. 7—Showing effects of hookworm disease. J. W. Morris, Cabarrus Co., N. C., age 17, weight 107. a. Standing with boy his own age selected at random. b. Showing anemic ulcer which began healing after treatment with thymol. c. Fourteen days after first picture, weight 111 pounds, a gain of 4 pounds.



Fig. 8-snowing one of the common intercurrent diseases. All infected with hookworm; all have pellagra. The two diseases frequently found together.



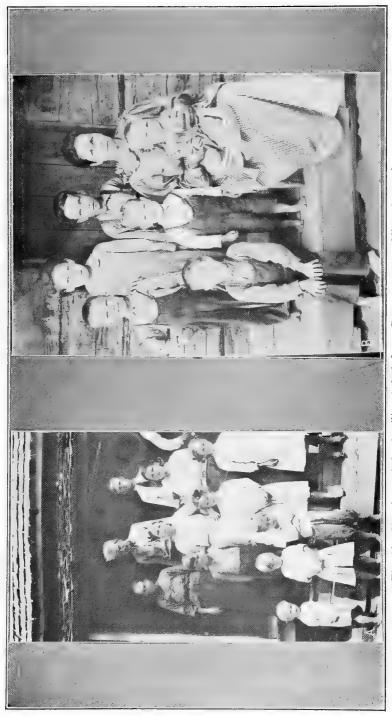
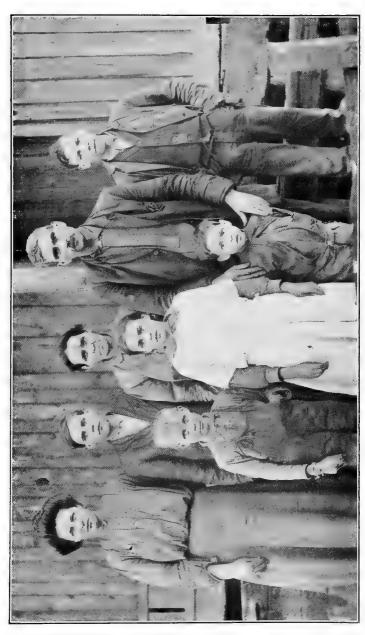


Fig. 10-Showing whole families infected. a. Forrest county, Miss.; b. Owsley county, Ky.



Fig. 11-Bryant family, of Kentucky; heavy infection. Note the "fish stare" of the eyes.



a daughter-in-law, has light infection. Kentucky. Fig. 12-Showing whole family infected. Girl to left is



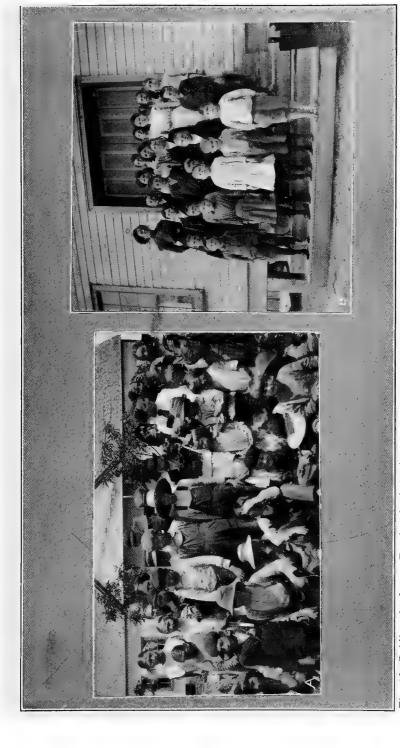
examined persons of Number Fig. 13- Showing infected group in Marengo county, Alabama. in county, 2,043; number infected and treated, 891.



Fig. 14-Showing effect of hookworm disease on the school. Public rural school, Washington county, Alabama. 75 per cent. infection.



Fig. 15-Enon school, Columbia, Miss. 100 per cent. infection, including the teacher.



b. Longstrom school, 21 pupils. 100 per cent. in-100 per cent. infection. Fig. 16—Public schools. a. Frank school, Irwin Co., Ga. fection; no privies.

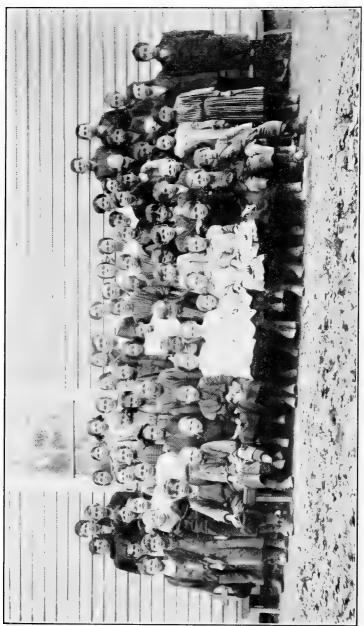


Fig. 17-Public school, Naillon, Cocke Co., Tenn.

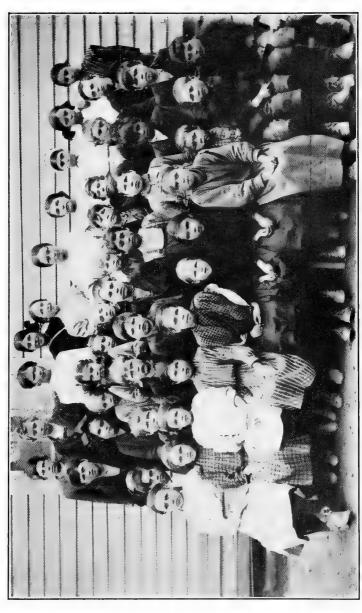
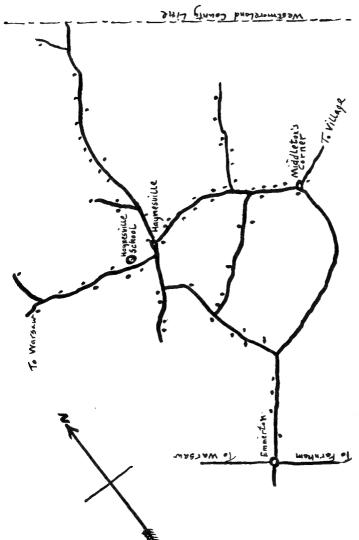


Fig. 18-Those children of Naillon school (see Fig. 17) who were found to have hookworm infection.



dots show the location of 67 families on Fig. 19-

_					
$_{\mathrm{The}}$					
district.		67	29	362	281
school					
the		unity	:	nity.	
in		nmu	ed.	mm	ρď
disease	oads.	in coi	infect	in com	infect
9-Showing hookworm disease in the school district. The	the neighborhood roads.	families	No. families infected 67	No. persons in community362	No nersone infected 281
ring ho	neighb	Š.	ć Z	No.	Z
-Show	the				
6					

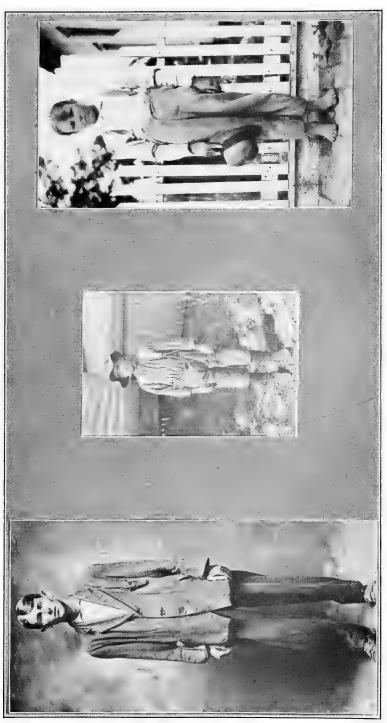


Fig. 20—Results of treatment. a. Willie Livingston, Prentiss county, Miss.; age 19, weight 109 pounds; treated; gained 18 pounds in three weeks. (See pages 43-44.) b. Bennie Landrum, Alabama; stretcher case; cured; now picks 75 pounds of cotton a day. c. Eugene Jenkins, Gillsburg, Miss., age 21, weight 65 pounds; gained 10 pounds after one treatment.





Fig. 22-Results of treatment. Earnest Sorrell, Welliston, Ga. a. Hospital case; dismissed after two treatments. b. Earnest Sorrell 14 months later. Has been doing hard work for twelve months.



Fig. 23—Della Carder, Grant county, Arkansas; age 16; practically an invalid from childhood; had been treated for malaria and tuberculosis; found heavily infected with hookworms; treat ed. b. Della Carder as she is to-day.



Fig. 24-Lovett family, Chilton county, Alabama; all infected; all treated; marked improvement.



Fig. 26-Results of treatment. Beevers family, Bently, La. All heavily infected. All treated with excellent results.



Fig. 26-Tennessee family; all infected; all cured with thymol; had spent \$1,500 for patent medicine.



Fig. 27—Results of treatment. a. Mother and son (Ky.) who have hookworm disease and pellagra. Much improved after hookworm treatment. b. Father and three sons (Grant Farish, La.) have hookworm disease. Father has pellagra also. All greatly improved by three treatments with thymol.

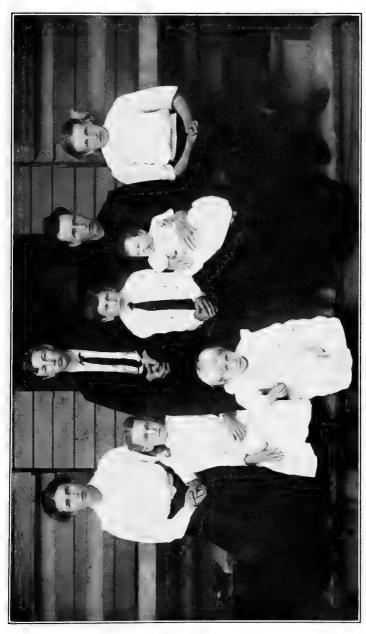
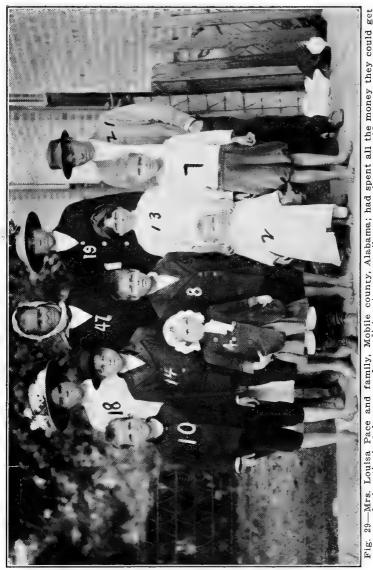


Fig. 28-South Carolina family. All were infected. All cured.



-Mrs. Louisa Pace and family, Mobile county, Alabama; had spent all the money they could get durhing the last few years for medicine, to no avail; own no home; could not pay rent; treated and cured. The figures indicate ages. 29

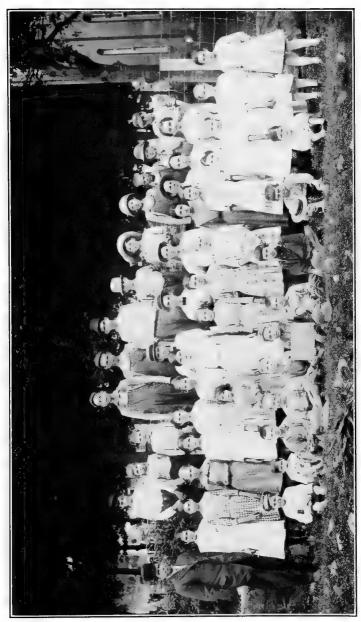


Fig. 30-A Kentucky school. Light infection. Treated and cured.

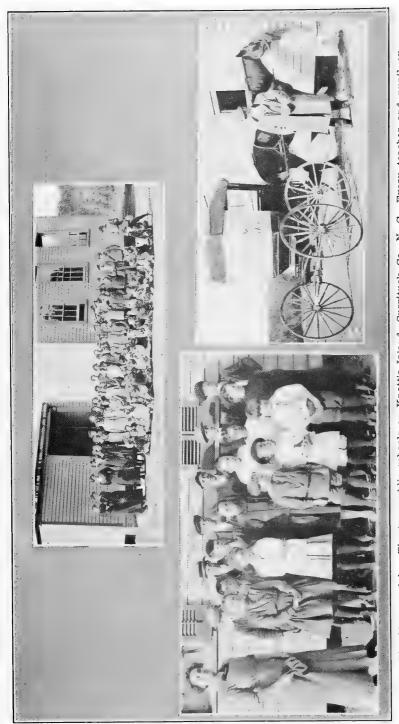
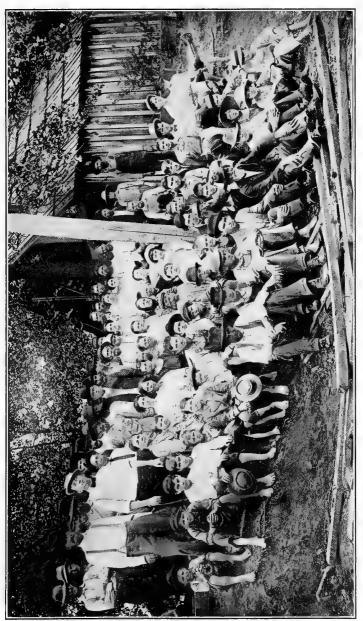


Fig. 31—a. and b. The two public schools on Knott's Island, Currituck Co., N. C. Every teacher and pupil examined. The infected ones treated until cured. Sanitary privies built. c. Dr. Maynard, the whole time community physician. Method of advertising a health meeting. See also Fig. 63.



32-Dispensary group, Prentiss county, Miss.; waiting to get results of examination and to hear lecture on sanitation. Number examined in county in six weeks' campaign, 4,246. Fig.

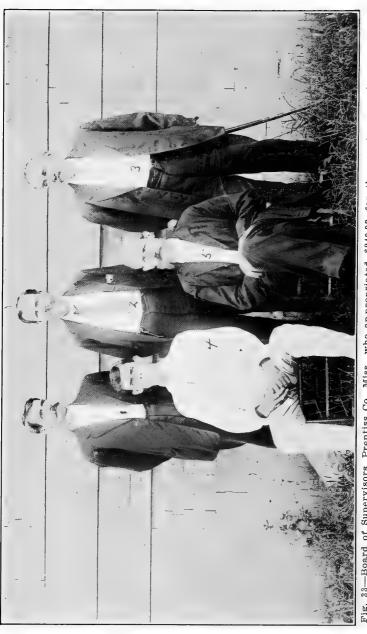


Fig. 33—Board of Supervisors, Prentiss Co., Miss., who appropriated \$249.92 for the county campaign. They also gave their personal time and influence to the work. I. Ben Moreland. 2. John Green. 3. Babe Ellis. 4. R. B. Moore. 6. J. Miller, chalrman. Number of county boards making appropriations, 457.



Fig. 34-Dispensary group, Carter county, Tenn. Number examined during six weeks' campaign 1,138; number treated, 537.

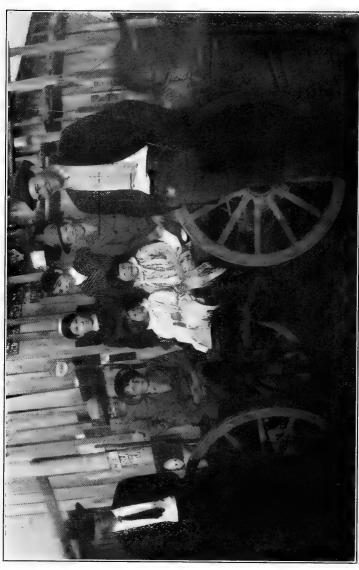


Fig. 35-Family of seven children drove 18 miles to dispensary. Choctaw Co., Ala. Number of persons treated in county, 1,285.

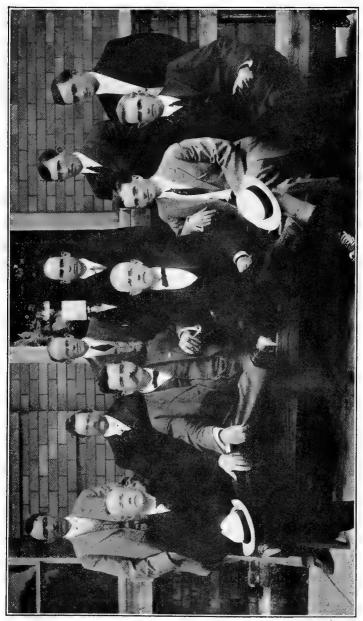


Fig. 36--Prentiss County Medical Society, Miss., and the Editor of the county paper. Every physician in the county aided in the work.

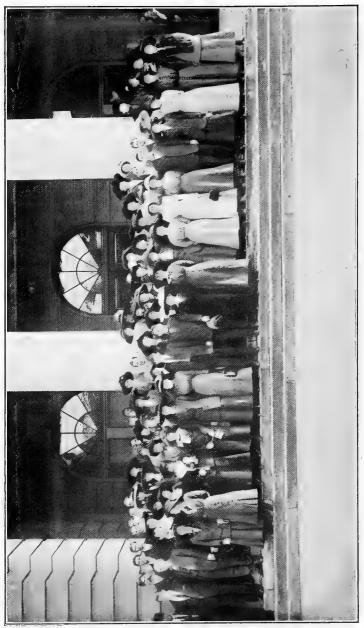


Fig. 37—The teachers of Lauderdale Co., Miss., who were particularly active in lending co-operation in the county dispensary campaign.

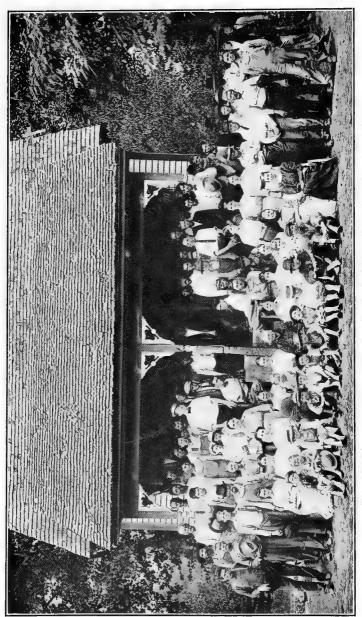
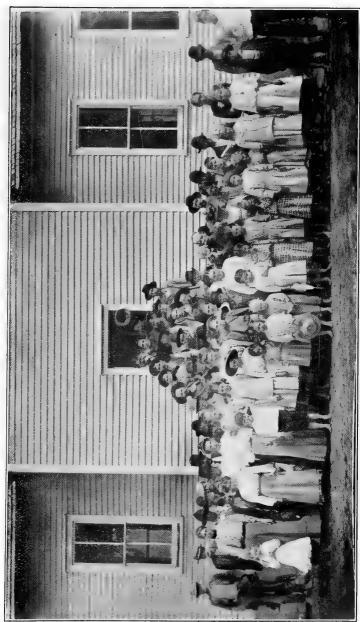


Fig. 38-Dispensary group at Dr. B. B. Smith's office, Prentiss Co., Miss.



Fig. 39-Dispensary group, Clanton, Chilton Co., Ala.; 102 patients treated on this day.



Number of persons in picture, 72; number Fig. 40-Opening day, Colesville dispensary, Carter Co., Tenn. infected, 56.

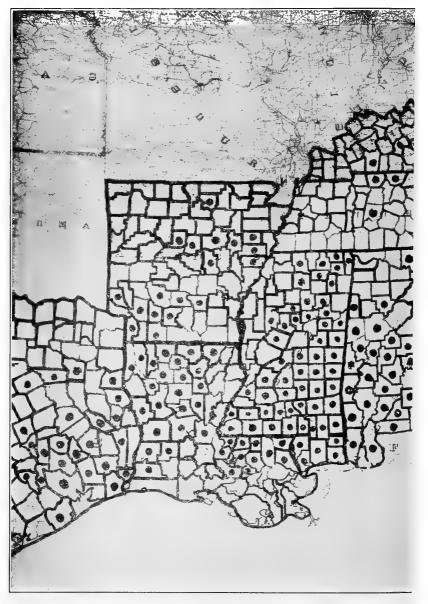


Fig. 41-42-Map shows States where county dispensaries have operated.



Number of counties in the eleven States, 1,142; work completed in 411.



Fig. 43-Dispensary group, Young's Chapel, Ben Hill Co., Ga.



Fig. 44—Dispensary group, Knox county, Ky.; in the heart of the mountains; fourteen miles from railroad. Number of persons examined in county, 3,230; number treated, 1,926.



Fig. 45—Showing the co-operation of various agencies. a. Mr. W. R. McGaha, Cosby, Tenn., who collected and brought in specimens from two entire schools. b. Dr. Choate, who gave untiring assistance to the work in Rowan Co., N. C. c. Teachers at Naillon, Cocke Co., Tenn., who brought in specimens from every pupil in school. 75 per cent, infection found.



Fig. 46—Showing co-operation of various agencies. a. Dr. J. C. Bailey, Avera, Ga.; has brought in a family to be examined and intested, entire family infected. b. A gentleman of Hickman county, Tenn.; brought in his and his neighbors' boys fourteen mies to the dispensary.

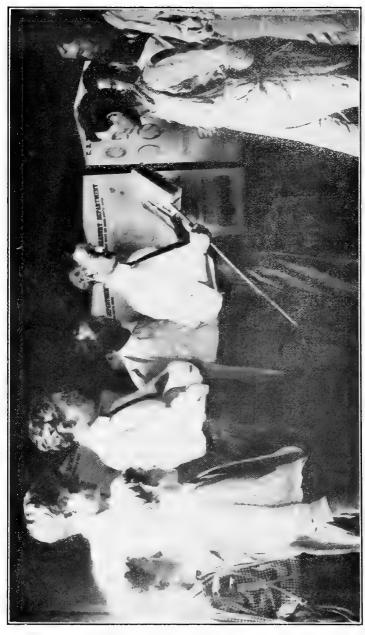


Fig. 47-Teaching by demonstration. Field director demonstrating with a cigar box the essentials of a sanitary privy. Alabama.

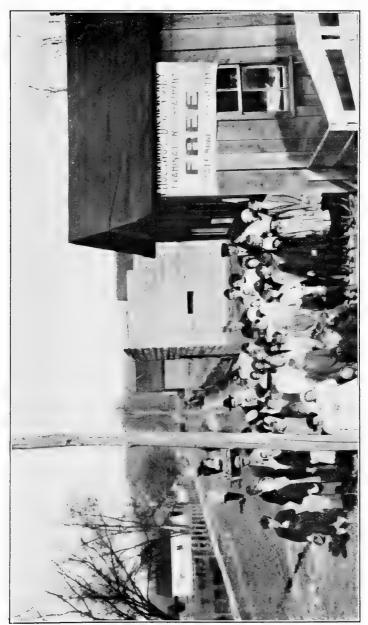
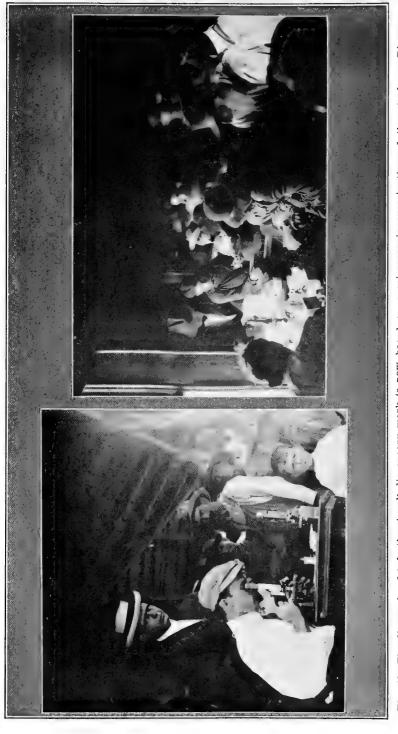


Fig. 48-Dispensary group. Farmers, Rowan Co., Ky.



a. Dispensary Fig. 49-The diagnosis of infection in all dispensary work is now based on a microscopic examination of the stool. near Hamstead, Texas. b. Crowd around the microscopes, Jonesville, Va.



118 persons On left (dark mustache) a county supervisor. Fig. 50—Outdoor laboratory, Prentiss Co., Miss. examined this day.



Fig. 51-Dispensary. Lilesville, Anson Co., N. C. 182 persons examined here this day.

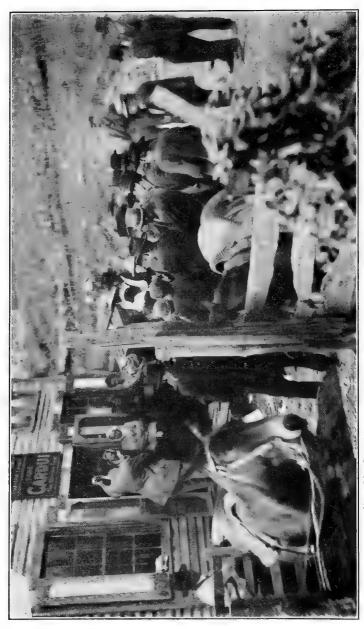


Fig. 52-Teaching sanitation by demonstration and secture, Cocke Co., Tenn.



Fig. 53—Dispensary, Rochester, Butler Co., Ky. Practically every man, woman and child in the town and its immediate surroundings were examined. Young lady microscopists seated at table.

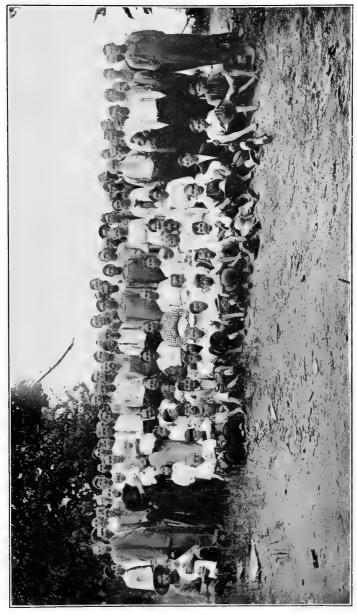
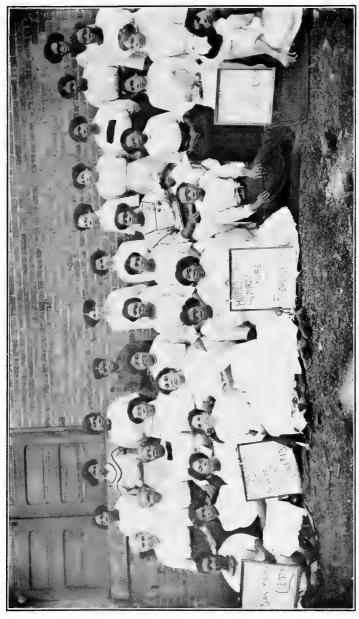


Fig. 54—Attending a dispensary lecture. Altitude, Prentiss Co., Miss. In this county an average of 198 persons were examined, cach work day for six weeks. Number of persons treated, 1,433.



The dispensary staff at lunch. a. Lee County, Va., where 9.013 persons, 45 per cent. of the total population, were examined in 24 dispensary days; 2,332 persons found infected and treated. b. Smith County, Miss. Dispensary staff traveling through northern part of county. 55



They have done excellent work in cleaning up the Fig. 56—Civic League of Colored Women, Salisbury, N. C. premises of the colored section of the city.



57-Showing co-operation of various agencies, a. Mr. W. M. Lee, of Tallulah Falls, Ga., who distributed containers and collected specimens for his entire community. He brought in 31 specimens the first dispensary day. b. Mr. Ellis, Mitchell Co., N. C. active in getting his people to be examined and to build sanitary privies. c. (left) Dr. King, (right) Frof. Williams, active in aiding dispensary work at Lorena, Smith Co., Miss.

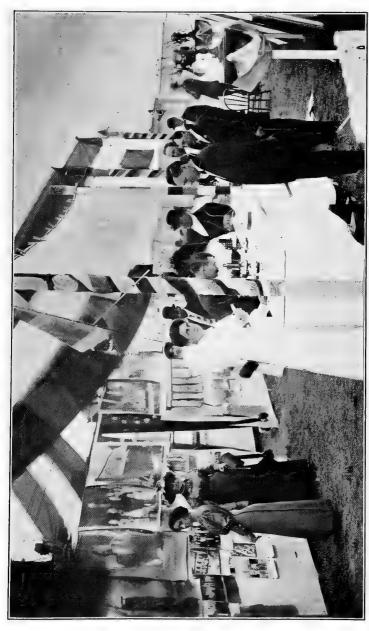


Fig. 58-Creating public sentiment. Exhibit Kentucky State Fair. Interior of tent showing methods for doing health work.



Fig. 59-Creating public sentiment. State Board of Health Exhibit. Many, La.



Fig. 60—Educating the public. Exhibit of the Kentucky health work at Farmers' Chautauqua in Warren Co. Exhibit includes specimens of intestinal parasites, hookworm eggs under the microscope, enlarged photographs of patients before and after treatment, etc.

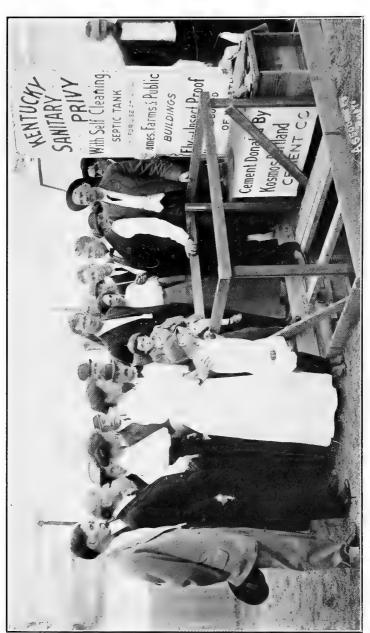
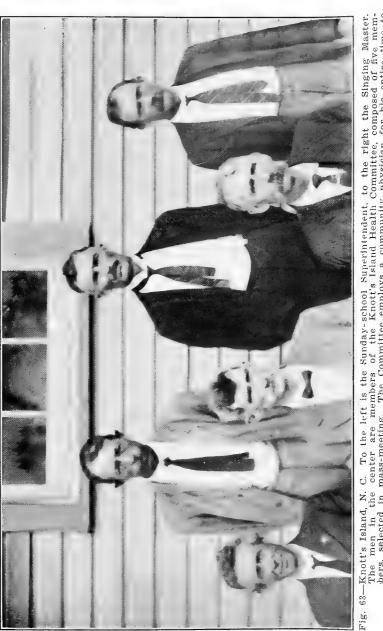


Fig. 61—Dr. J. N. McCormack (shirt sleeves) demonstrating the Kentucky sanitary privy. About 12,000 people saw this model in course of construction.



Board of Health force making official inspection. This Fig. 62-The Governor and his staff with Kentucky State Boa exhibit met with the Governor's enthusiastic approval.



keep them well, but if sickness occurs, he gives it attention. Bach family, sick or well, pays a pro rata assessment. 567 persons—130 families live on the island. On December 23, 1913, 560 of them had been bers, selected in mass-meeting. The Committee employs a community physician for his entire time to examined for hookworm infection; 94 were found infected, and 90 have been cured.

CHAPTER IV.

A FEW TYPICAL LETTERS AND EXTRACTS FROM LETTERS SHOWING THE CO-OPERATION OF VARIOUS AGENCIES, AND THE ATTITUDE OF THE PEOPLE TOWARD THE WORK.

I. Letters and extracts from letters by physicians.

- (1) Dr. Grote, Field Director, to Dr. Dinsmore, State Director, Ala.—"Dr. Miller of Myrtlewood came all the way from his home place, a distance of eighteen miles over muddy roads, through the rain, and brought thirteen specimens from his patients, all of whom were infected. Drs. Stone and Brasfield have both attended the clinics to-day."
- (2) J. P. Masterson, M. D., Bessmay, Tex.—"My dear Doctor: Your commission has just closed operations in Jasper County, and to say that it has done great good, and has been a grand success, would express it only mildly. The money appropriated by our county does not in any way compare with the great good that has been done for the county at large, and even the worth it has been to just one individual infected with hookworm disease. It has enabled and encouraged numbers to be examined and treated, that otherwise would not or could not have been."

II. Letters and extracts from letters by county health officers.

(1) Karl Chambers, M. D., County Health Officer, Jasper, Jasper County, Texas.—"Dear Doctor: Over and above the 1,133 treatments dispensed here, the campaign was worth thousands of dollars to the county in an educational way, for the people now realize that improving insanitary environment is imperative. The campaign in this county has received

hearty commendation from every man, woman and child so far as I personally know, and I feel sure that the results obtained warrant all the praise given."

- (2) Dr. W. S. Leathers, Jackson, Miss.—"Dr. Whitfield on entering Smith County obtained the aid of Dr. Carr, the County Health Officer, on a three weeks trip through the county. This was done at the suggestion of Dr. Carr and at his expense. The County Superintendent of Education used every possible means to enlist the interest of the teachers and children of the schools. This is one of the interior counties and a feature of the work was the unanimous support of the Board of Supervisors. This was clearly shown by obtaining a second appropriation for the campaign without any difficulty."
- (3) V. J. Cragg, County Health Officer, Clanton, Ala.—
 "Dear Doctor: The work here has been a great success from every point of view, and I am quite sure that there was a much higher per cent. of infection in this county than was even dreamed of by the majority of the profession, not to speak of the matter from the standpoint of the laity. I feel that much good has been done by teaching the laity the very important matter of prevention as well as the work of treating the patients, who are at present infected."
- (4) Dr. M. H. Boerner, State Director, Texas, to Wickliffe Rose, Washington, D. C.—"Dear Mr. Rose: I am enclosing you herewith a plan for grading thirty-five schools in Brown County. They are contesting for the One Hundred Dollar Sanitary Prize, offered by Dr. J. W. McCarver for the school that attains the highest grading."

(Type of Plan Followed to Improve School Sanitation.)

TO THE PUBLIC

To become an effective instrument for the protection of child-health, it is essential that the school should be a sanitary and healthful place for children. Recognizing the importance of this broader humanistic responsibility of education, it has been thought wise to inaugurate a cleanup campaign among the schools of Brown County, and through the generosity of Dr. J. W. McCarver, our county health officer, and Mrs. S. R. Coggin, former president of Coggin National Bank, a prize of one hundred dollars is to be awarded the most sanitary school. Dr. McCarver offers \$50.00 in cash to be expended in any way it suits the winners, and Mrs. Coggin donates \$50.00 for books for school library and periodicals.

Every school in Brown County (outside of Brownwood) is eligible for entry; those interested will please mail a card to the county superintendent by March 1st.

The humblest, most unattractive school house will stand an equal chance with the newest and prettiest, as the matter of beauty will not be considered and the judges will grade all schools on a sanitary basis alone. The following points will be considered, each of the four headings being worth 25 per cent.

- 1. House-Ventilation, cleanliness, state of repair.
- 2. Grounds—Drainage, trees, provision for healthful sports, rubbish, etc.
 - 3. Water—Source, container and cups, freeness from pollution.
 - 4. Toilets—See or write to Dr. J. W. McCarver for particulars.

This contest will close the last day of March, 1913, and judges will begin inspection on March 15th. The time is short, so let teachers, trustees, mother's clubs, fathers, sisters, brothers, uncles, aunts, and cousins lend the children a helping hand in this great work. Let this clean-up movement be the greatest trust ever organized in Brown County; its dividends may not be counted in dollars and cents alone, but in brighter faces, rosier cheesk, keener intellects and happier co-workers with our Maker in the progress of civilization.

(Signed)

MRS. E. L. WALKER.

III. Letters from High Officials.

Hon. Earl Brewer, Governor—To the People of Mississippi:

The importance of the laws of Sanitation and Hygiene is now being brought to the attention of our people as never before. The School Improvement Association, under our State Department of Education, and State Board of Health, are doing their utmost to educate our people on this subject. Particularly are our children being taught the necessity of clean living, and those rules which if followed, will give them immunity from so many of those diseases which interfere with their work at school, and cause ill health in maturer years.

The School Improvement Association has issued a program to be observed in all our public schools, and I most heartily commend it.

To emphasize the importance of this question and show my interest in it, and in order that it may be brought to the attention of our people, I do issue this

PROCLAMATION

calling on them to observe Friday, October the Thurty-first, 1913, as HEALTH DAY, and on this day that their energies be redoubled, and their faculties brightened so as to acquire that definite knowledge which is necessary for better health and better living.

THE
GREAT SEAL
OF THE
STATE OF
MISSISSIPPI

IN TESTIMONY WHEREOF I HAVE HEREUNTO SET MY HAND AND CAUSED THE GREAT SEAL OF THE STATE OF MISSISSIPPI TO BE AFFIXED, THIS, THE THIRTEENTH DAY OF SEPTEMBER, A. D. 1913.

(Signed) EARL BREWER.

By the Governor Joseph W. Power, Secretary of State. (2) Jas. K. Vardaman, U. S. Senator from Mississippi.—
"Dear Doctor: I think the State of Mississippi is to be congratulated upon the great work that you and your co-laborers are doing in the interest of health and sanitation. If I had been told some years ago that hookworm was so prevalent in Mississippi, I could not have believed it. The disease has done a great deal of damage, and those engaged in exterminating it deserve the gratitude of all men. The same thing is true with reference to pellagra, tuberculosis, typhoid fever, and in matters of general sanitation.

If I can be of any assistance to you in this great undertaking please command me."

To Dr. W. S. Leathers.

IV. Letters and extracts from letters by teachers.

- (1) Edward F. Green, President Carolina Collegiate and Agricultural Institute, Star, N. C.—"Dear Doctor Pridgen: Permit me to say that the examination showed 47% of our students were troubled by the Hookworm pest. There had been a noticeable lack of interest both in play and in the studies on the part of a goodly number of the students. The treatment given by Dr. Covington was marked, and to a noticeable degree even on the part of people not watching the effect of the treatment closely. In the classroom the improvement was very perceptible in the growing interest in the work, and the grip the students got on their studies. The pallor went from the faces, and there was a manifest desire to take part in the games on the playground after the treatment. It was a rejuvenation in a very real sense."
- (2) Exhibits from two institutions showing difference in efficiency which seems to have been caused by a light infection:

(a) Blue Mountain Female College:
Average grade of 56 girls who were found infected. 77.75%
Average grade of 56 girls taken at random not infected89.28%
lected
Of two sisters in this college, grade of one infected $.78$
Grade of other not infected
(b) Mississippi Heights Academy:
5 young men not infected (ages 20 to 28), average
grade92.2 %
5 young men infected, average grade89.8 %
5 boys not infected (ages 12 to 17), average grade. 84.2 %
5 boys infected, average grade
25 men and boys not infected, average grade 86.0 %
25 men and boys infected, average grade64.0 %

3. Examination of Students at the A. & M. College, Mississippi.—At A. & M. College, Mississippi, 819 students were examined for hookworm infection, of whom 323, or 39% were found infected. An examination of those students coming from sandy counties showed 69% infection. A series of 625 of these students showed only one athlete infected; an examination of the 144 officers showed only five infected.

Twenty-five men, five feet ten inches tall, not infected, averaged in weight 156 pounds; twenty-five men, five feet ten inches tall, infected, averaged in weight 147 pounds.

Of the twenty-five not infected:

5 made an average of 90 and above

11 made an average of 85

5 made an average of 80

3 made an average of 75

1 made an average of 65

Of the twenty-five infected:

0 made an average of 90

11 made an average of 75

2 made an average of 85

3 made an average of 80

9 made below 75

V. Description of Work by Field Directors.

- (1) Dr. J. S. Lock, Field Director, Williamsburg, Ky., to Dr. McCormack, May 13, 1913.—"Dear Doctor: This has been the banner day in my dispensary work. We have had a total of 881 specimens brought in. The entire county is greatly aroused. Every county official, including the magistrates from the different sections, have been present all day aiding in the work. Every doctor in town was out, and gave the entire day to the work. We worked on the court house lawn, and fully 25,000 people were present during the day. The people said we had as large a crowd as they had ever seen in the town on any occasion."
- (2) Dr. Lock, Field Director, From Bush, Laurel County, Ky., July 11, 1913.—"After all the specimens were in to-day, we made our count, and found that we had examined 328 specimens, and that we had 1,359 specimens (a total of 1,687) to send to the laboratory."

Note—This is the record for the largest number of specimens brought into a dispensary for any one day. 6,381 per-

sons were examined in Laurel County, Ky., in twenty-one days.

(3) Dr. Henry Boswell, Field Director to Dr. W. S. Leathers, State Director, Miss.—"Dear Doctor: I have just finished the work in Prentiss County. We examined about one-third the total population. I have not before seen such interest manifested, nor more permanent results obtained.

"The co-operation was excellent. The county officials gave their influence and time to promote the work. The Chancery Clerk attended to the central office work throughout the preliminary campaign.

"At one dispensary three small boys came each week two or three miles. They always rode three little bulls, which seemed to saddle very well and to attract much attention.

"At Thrasher, the co-operation of one woman was note-worthy. She combatted disbelief and prejudice in her community. In phoning one morning for 25 specimen containers to distribute, she said: 'I succeeded in getting one of these fellows to have examination made and to take treatment. He is feeling better and has gained in weight. Now that the people have seen that the medicine did not leave him blind or crippled, but is actually helping him, they are wanting to be examined.' The woman was instrumental in having about one hundred persons examined.

"A young man that we treated furnished us the best recommendation that we could have had. He came to the office about the third week looking as if he had the worst case of tuberculosis, and with a cough that appeared serious. He was such a picture of dejection, misery, and lost hope, that he attracted the attention of the whole court house crowd and many of them watched eagerly to see the results of the examination. One man asked me, after he left, if I could cure

him, and I replied that we would do out best. This man then kindly stated that he thought that I was doing the boy an actual wrong by holding out a hope, as it was his belief that the boy would die in a very short time. This boy was instructed to return every week for his treatment until informed that he was cured. He did; and it was a standing request by the court-house officials that they be called each week as Willie Livingston came in, so that they could see for themselves whether he was improving or not. On his first trip, one week later, he came in, and there was evidence of much improvement. He came in with a smile, showing more interest in things around, telling jokes to fellows in the office, when just one week before he had stood listless without a word to anyone except to answer yes or no when a question was put to him. He informed us that on this trip, although he had taken his medicine only a week ago, he was feeling a great deal better, and when placed on the scales, I found that he had gained a number of pounds in weight. He was given three treatments, one week apart, and after waiting two weeks following the third treatment, he was found free from infection, and weighed eighteen pounds more than he did previous to the first treatment. On the day that he first appeared at the dispensary he could hardly walk, and the last time that I saw him he started with another boy to walk seven miles to his home. As he left the Chancery Clerk said, 'Well, if you had done nothing but treat this one boy of this county, the money would have been well spent.'

"Another man, a Mr. Chase, came up and thanked me saying: 'I have lost two boys, and the others had begun going down in health, just as they did, but thank God, they will be saved, because you have told me what the trouble is, and have cured them.'

"As I closed the office on leaving for the next county, a mem-.

ber of the Board of Supervisors came by and said that if I would stay in that county they would double the appropriation, that nothing they had ever done had accomplished the good of this work, and that it was a work that was appreciated by every citizen of the county.

"It might be mentioned that some school buildings were repaired, sanitary conveniences provided, and likewise the sanitation of the entire county improved.

(4) Dr. M. W. Steele, Field Director, Kentucky, to Dr. A. T. McCormack, State Director.—"Dear Doctor: I have just closed the campaign in McCreary County with 5,252 examinations. This campaign has been one of unusual interest and has been very successful in every particular. We have found the hookworm infection about 57%. One locality about Buzzard Post Office showed 91% infection. The roundworm infection has been very high; found the usual number of cases of whipworm and dwarf tape worm. Practically all cases of infection have been treated with splendid results. The results in some cases have been almost miraculous.

"One good old lady was interested to take containers and go among the shy girls, and secure specimens and bring them in, and she would in turn deliver the treatments and give instructions. The results have been so splendid that I cannot picture to you how grateful the people are. People throughout the country hearing of our work came from all sections to know about the good work, and to be examined. The demand became so great for a county wide campaign that it became almost compulsory upon me.

"Mr. W. B. Creekmore came from Pine Knot and proposed to do anything in his power to help us, insisting that his people

must have the benefit of the work. Then came Mr. Walker and Dr. Cain from Cumberland Falls, and others proposing to bear any part of the expense necessary.

"Messages were sent to the State Board pleading for a continuation of the work. I proposed if the Fiscal Court would bear the expenses of my assistants while in the county, that I would comply with the requests; but what about this matter. At that time there was a contest on for the judgeship and a bitter feeling existed in some sections. The county seat question was being hotly contested, but everybody wanted our work to go on; in fact, they would not let us leave. One claimant to the judgeship with four of the six magistrates met and allowed a fund for the expense. The other claimant to the judgeship gave me an order on the treasurer. Because of legal questions aside from this matter the treasurer was afraid to pay over the money, but joined with others in urging that our work must not stop. One Mr. Kinna, a patriot in the cause, came to the rescue of the matter and advanced the necessary funds on the order of the court. claimants to the judgeship served on a citizens' committee, and approved of a schedule of dates and places for our investigation. We then made these places in their order, giving lectures, visiting homes, meeting people in squads on the roadside, and treating hundreds of cases. Everybody seemed to be helping, and I am told that this subject is the talk of every home there. These are a splendid people, an appreciative people. A very small per cent. are educated, but they manifest the highest type of common sense. There are no foreigners and but very few negroes in the county. All are natives of good names—Stevens, Creekmore, Bell, Worley, Foster, etc.

"Judge Williams, who had been declared the rightful Judge, said, keep up the work at any expense, and it will be taken

care of. It will interest you to know that one old lady walked ten miles to have her family examined. The following day she returned and asked for a box of containers for her neighbors. She went among them on foot and secured 146 specimens in one day. She later delivered the treatment in the same way. She could not read, but said she took along a little boy who could read to deliver the treatments.

"Four men came horseback from Wayne County yesterday to learn what is to be expected of them to get the work extended there. Many have come from Pulaski County and the County Judge says 'come as early as possible. I will give one hundred to start on and call the Fiscal Court together, if necessary, for the balance.'

"We are coming in for a few days. Will see you."

(5) Dr. O. H. Judkins, Field Director, Texas, to Dr. Boerner, State Director.—"Dear Doctor: We are completely swamped. It is a physical impossibility for the boys to examine these specimens. There has been a constant stream of people passing through the dispensary all day, and we have had to lock the doors to keep them out. I have talked to them in squads of about 250 in the District Court Room when they would overflow the office. We are sending the specimens to you.

"One box of specimens was sent in from St. Mary's Seminary, LaPorte. These are in a box by themselves, and the report can be sent to Rev. J. M. Kerwin, St. Mary's Seminary, LaPorte, Texas, and it will be necessary to fix the treatments up there and send with the report."

CHAPTER V.

REPORT OF THE SCIENTIFIC SECRETARY

Addresses.—During the year 1913 I have given 73 addresses bearing upon the public health subject of hookworm disease and soil pollution, and in addition to these, several addresses have been given by my Private Secretary.

Lantern slides.—The State Boards of Health now procure their slides directly from the manufacturer, instead of through my office, but I still continue to keep on hand several sets to loan to physicians, teachers, and others who wish to give addresses on this subject.

Microscopic diagnosis.—The State Boards of Health have now had so much experience in the microscopic diagnosis of intestinal worms, that it is only in exceptional cases that specimens are referred by them to me.

Field work.—The greater part of my time this past year has been given up to certain field studies in County Z.. and in County X... The results of the work is County Z.. are now nearly ready for publication, and will soon be issued. One entire month was spent in campaigning certain counties in two states in the interest of better sanitation.

Investigations.—Of the various investigations under way, or recently published, it is desired to report formally at present only the following:

(a) A Test to Determine Fecal Contamination of Food.—
For some time past, I have not been able to escape the conviction that improvement in sanitation is not resulting so rapidly as is desirable. The lay mind is aroused in the face of an unusual epidemic that affects business, but seems fairly well contented to permit long-existing conditions to continue

if the annual death rate is not much higher than usual, despite the fact that this rate may be unnecessarily high. An active desire for better sanitation in this country is found chiefly among a relatively small proportion of the medical fraternity, in a relatively much greater proportion of the public school teachers, and in some members of women's clubs. The average American has very little idea of sanitation and very little interest in it. Two important new developments are, however, the increased interest among certain life insurance companies and certain senators and congressmen, exhibited along the line of popular education for better health protection.

It has seemed to me that we have possibly lacked a method of putting the subject before the average lay mind that will be sufficiently striking to arouse popular interest, and I have been giving considerable time and thought to the possible development of some new point of attack. At present, I believe that I have a method that will appeal to the average person, at least to the extent of inducing him to think of the conditions under which he is living.

We find in the intestinal tract of man three minute protozoan organisms that are obligatory parasites, that is to say, these organisms spend their motile stage as parasites, while their non-parasitic existence is confined to spore stages that serve to transmit the infection from one person to another. These three parasites are known as *Entamoeba*, *Lamblia*, and *Trichomonas*. Since they are obligate parasites and since they could not arise by spontaneous generation, their presence in a person's intestine is proof that the person in question has swallowed material discharged from some other person's intestine. The spores are discharged in the feces and can be easily found in privies.

There are several conceivable methods of transmitting these organisms from one person to another, but I am persuaded

that so far as the regions are concerned in which I have been working, the ordinary method is by means of the flies that breed and feed in human excrement, and that these insects carry this material and the protozoan spores to the kitchen and dining room, and smear it on the food. In experiments that have been made at the U. S. Marine Hospital in Wilmington, we have succeeded, in fact, in recovering the spores of *Lamblia* from flies that have visited human excreta,

The parasites mentioned have a very wide geographic distribution. In this country, one or another of these genera is known from New York State on the North, to Alabama on the South, and to California on the West. Thus, a plan of campaign for better sanitation, based on the finding of these protozoa, can be carried out in practically any part of the country.

The method I am trying to present is this: Specimens of fecal material are collected from a number of people, preferably at first, from the children of the more educated and more refined people in a town; these specimens are examined not only for intestinal worms, but also for these protozoa. In case any of the three genera in question is found, the mother of the child is notified by mail that the microscopic examination gives positive evidence that her child has eaten food contaminated, probably by flies, with human excreta, and she is advised to request the local health officer to inspect the block in which she lives to see whether there is not some insanitary privy near-by that is supplying their table with infected flies.

Although this line of educational work is still in its infancy, it is already safe for me to conclude that these letters are followed by a greater and more emphatic demand for the abolition of the surface privy than I have thus far met with in a 13-year campaign against soil pollution.

It is an interesting point of considerable practical import-

ance that seemingly only one family has thus far taken offense at the receipt of these letters.

As an indication of the frequency of these parasites in stools not obtained with salts, it may be stated that recently in a group of 187 unselected cases, the following results were obtained:

·	People Living in Homes				
Result of Examination	With	Sewer	With Privy		
	Number	Per cent.	Number	Per cent.	
Negative	88 22	80 20	54 23	70 30	
Total	110	100	77	100	
Protozoa found: Entamoeba coli Lamblia	9	8 8	6 14	8 18	
Trichomonas Undetermined genus.	$rac{2}{2}$	$\frac{2}{2}$	3	4	

At present I have arrangements completed to apply this test of unconscious coprophagy to all the school children, white and black, of an entire county, and if the results in education along sanitary lines are equal to the present indications, I shall extend the work to other localities. Four State Health Offices have already invited me to make State-wide tests in their States.

I must confess that the slowness of improvement in sanitation in the last 13 years, in the United States, is a very distinct disappointment, but I am rather persuaded that this new test by which we can state to the mothers that we have proof that their sons and daughters have actually swallowed material that has come from the bowels of some other person (though we cannot state whether that person was white or negro), places at our disposal a method by which we may in the next 13 years create a more active and more intelligent demand for sewer connections or for the sanitary privy than has resulted from the past 13 years work.

While the protozoa and flies in question are far removed from the subject of hookworm disease, from one point of view, it will be seen that when it comes to an improvement of the sanitation in order to eradicate hookworms, these protozoa and flies are able to furnish us with more appealing arguments than even the hookworms.

(b) Effect of Light Infections.—There scill exist a number of persons who believe that light infections with hookworms are of nc clinical importance. This past year it has been possible to study certain phases of this subject and the results will soon be published. For the present all that I desire to state in this connection is that the view that infection with say less than 100 or 50 hookworms is clinically unimportant is negatived by the fact that treatment of such cases has resulted in showing that the children in question have made greater improvement in certain respects, in a given time, than has a control group of children who did not show hookworm infection and a control group of children who did have the infection but were not treated.

A study of the full results of the work in this investigation will require several months longer before the manuscript will be ready for publication.

(c) The U. S. Marine Hospital, Wilmington, N. C.—Prior 10 1913, I have for several years past transferred my work

in the summer from the Hygienic Laboratory at Washington, D. C., to the Marine Hospital at Wilmington, N. C. Last spring, the Surgeon-General transferred me to Wilmington to take charge of this hospital, so as to give to me in my hookworm work the advantages that naturally result from being constantly in the area of infection. The policy of ultraeconomy in its hospitals forced upon the U. S. Public Health Service because of the existing appropriations has not permitted the expansion of the work for which plans exist, but I am greatly in hopes that a change of policy will soon be possible. In the meantime, the facilities of the hospital are being used for laboratory purposes and are thus presenting greater advantages along certain lines than I could possibly have in Washington.

Publications.—The following articles bearing directly or indirectly upon the hookworm campaign, have been printed:

STILES, (C. W.):

- 1913a. Hospital relief for the country. The possibilities offered by hospital trains in furnishing much needed medical and surgical facilities to rural districts. < Public Health Reports, Wash., v. 28 (5), Jan. 31, pp. 208-212.</p>
- 1913b. Idem. Reprint No. 115, U. S. Public Health Service. 8° Washington, pp. 1-7.
- 1913c. Country schools and rural sanitation. Six samples public schools in one county. Does this country need medical inspection in its public schools? The country school teacher.
 < Public Health Reports, v. 28 (6), Feb. 7, pp. 247-249.</p>
- 1913d. Contamination of food supplies. The value of protozoa as an aid in determining fecal contamination of the food supply. <Ibidem, v. 28 (7), Feb. 14, 290-291.</p>
- 1913e. The value of Protozoa in determining fecal contamination of foods. < Science, N. Y., N. S., v. 37 (952), Mar. 28, 498. (Also Reprint 1 p.).</p>

- 1913f. Soil pollution. The chain gang as a possible disseminator of intestinal parasites and infections. <Public Health Reports, Wash., v. 28 (21), May 23, pp. 985-986.
- 1913g. The economic aspects of hookworm disease in the United States. (Read September, 1912). <Trans. 15 the Internat. Cong. Hyg. and Demog., Wash., v. 3, pp. 757-764. (Also Reprint.)
- 1913h. Report of the Scientific Secretary [for 1912, Rockefeller Sanitary Commission.] < Third Annual Report, Rockefeller Sanitary Commission, Wash., public, No. 7, pp. 117-130.
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